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News: A central role for pharmacy in N Ireland's £500 million health reforms

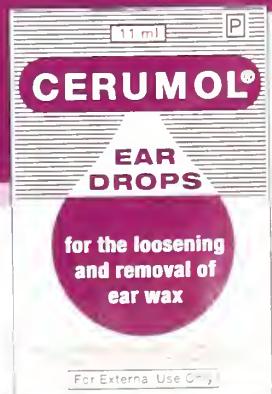
News: United Co-op's internet contract paves way for 'hub and spoke' system

Special feature: Security - what you can do to improve safety in your pharmacy

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**Migraleve Product Information:**

Presentation: Migraleve Pink: Tablet containing buclizine 6.25mg, paracetamol 500mg, codeine 8mg. Migraleve Yellow: Tablet containing paracetamol 520mg, codeine 8mg. **Uses:** Treatment of migraine attacks and related symptoms. **Dosage:** Adults: Two Migraleve Pink tablets immediately a migraine attack has started or is imminent followed by two Migraleve Yellow tablets every four hours if symptoms persist. Maximum 8 tablets (2 pink and 6 yellow) in 24 hours. Children 10-14 years: One Migraleve Pink initially. If required 1 Migraleve Yellow every 4 hours if symptoms persist. Maximum 4 tablets (1 pink and 3 yellow) in 24 hours. Children under 10 years: Consult your doctor. **Contraindications:** Hypersensitivity. **Precautions:** Use with caution in patients with severe renal disease or liver dysfunction. Migraine must be medically diagnosed. Consult doctor if using other prescribed medicines. May cause drowsiness. Avoid alcoholic drink. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol). Constipation (codeine). Drowsiness (buclizine). **RRP (ex-VAT):** Complete £12, £3.42; 24, £5.89. **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, Surrey KT20 7NS. **PL number:** 15513/0105. **Date of preparation:** November 2005.

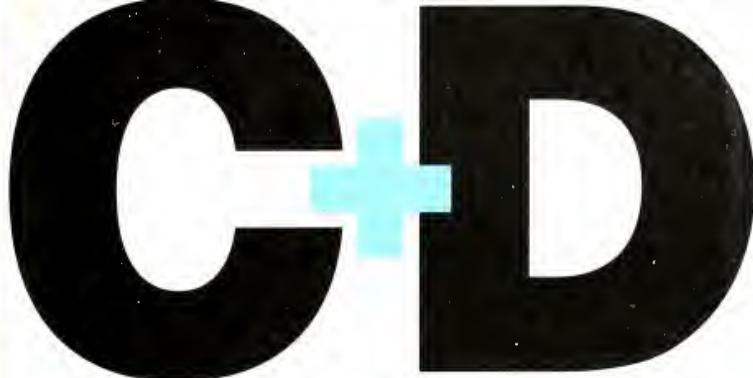
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Star job

The Co-operative Group wants three regional sector managers to join its South West, West Wales and Home Counties teams.



CD guidance published

RPSGB Pharmacists get help with new CD regs

Professional guidance to help pharmacists comply with new controlled drug regulations has been published by the Royal Pharmaceutical Society's website.

It covers the amendments to the Misuse of Drugs Regulations, effective in England, Wales and Scotland from July 7. It includes the requirement for private prescriptions for Schedule 2 and 3 CDs to be written on standardised forms with a validity of 28 days, and for pharmacists to ask for proof of identity when Schedule 2 CDs are collected. Some prescription errors may be amended.

The document, available at www.rpsgb.org, also explains the changes to CD inspection and monitoring processes outlined in last year's Health Bill, and replaces the Changes in the Management of CD Guidance issued in March. **AF**

Blood pressure advice updated

Medicines Beta-blockers will be replaced

Beta-blockers should no longer be used for treating hypertension, says updated guidance from Nice. Instead, calcium channel blockers, thiazide diuretics and ACE inhibitors should be first choice initial therapies.

Evidence suggests the newer drugs are better at controlling blood pressure, especially in the elderly, and that beta-blockers are linked to the development of type 2 diabetes.

The switch is expected to cost £58 million more than the current £98m annual cost of beta-blockers. However, the resulting decrease in heart attacks, strokes and diabetes will save £280m. **LR**

News in brief

NPA contract support

A free resource pack to help contractors in Scotland implement their national minor ailment scheme has been produced by the NPA. It includes a briefing sheet for support staff and a laminated quick reference guide to identify eligible patients and obtain relevant details. The NPA is sending the pack to all head offices and stores in Scotland.

United Co-op gets the nod for e-pharmacy

Exclusive Internet pharmacy will combine with automation of prescription supply

Max Gosney

United Co-op has received the go-ahead to launch an internet pharmacy from the headquarters of its wholesale business.

The company will set-up an online offer from Sants Stoke site as part of plans to automate its prescription supply service, John Nuttall, United Co-op's general manager for healthcare, told C+D.

"We've had an internet contract granted under control of entry exemptions. We're looking to set up an automated central dispensary at Sants, which would deal with repeat prescriptions. The next phase would be to extend to a full internet offer alongside the roll out of the electronic prescription service."

United Co-op, which recently bought the 56-strong P Williams pharmacy group, plans to roll out the central dispensary service in early 2007, confirmed Mr Nuttall.



John Nuttall: Adding value for patients

The Stoke site will process repeat prescription business from the company's 230 stores to free up pharmacists from dispensing duties, claimed the United Co-op chief.

"In pharmacy there's a growth in prescription volumes. Many sites will reach capacity if we can't take some of the manual processes and automate them. This will allow pharmacists to focus on added value services for patients," Mr Nuttall said.

Commenting on the DH's review of the control of entry exemptions, Mr Nuttall said it was too early to assess the impact of the new regulations on competition. However, the 100-hour exemption was being "abused", he added.

Mr Nuttall called on authorities for more information on pharmacy contracts across the UK. "I'd like to see some kind of national database, which would tell you where a pharmacy was opening and feedback on the impact of its opening," he said.

Independents still concerned over IT and MUR

England Independent contractors call for greater clarity over timetable for EPS

Gary Paragpuri

IT and the funding of the new contract's advanced services remain key concerns for independents, according to a forum of pharmacists.

Contractors want clarity about the timetable for implementing the NHS electronic prescription service, the issuing of smartcards, and the accreditation of pharmacy systems, David Speed, chairman of UniChem's northern region customer forum, has told C+D.

"Many pharmacists are uncertain as to where they are with IT – which underpins a lot of the new contract. They require greater clarity, there's so much confusion," he said following the latest round of the wholesaler's forum meetings.

Mr Speed suggested that, in England and Wales, the lack of clarity over what needs to be done had led contractors to delay investing in IT until they had more information.

Concerns around the contract's MUR service have also been raised at the forum meetings, Mr Speed, of Speeds Pharmacy, in Mold, Flintshire, said. An electronic MUR form, as well as better promotion of the service to



David Speed: lack of clarity has led to delays in implementation of IT systems

the public and GPs would help pharmacists deliver the service.

Although many pharmacists are accredited to carry out MURs, few are being undertaken among independents, he added.

Pharmacists need to change the way they work to integrate MURs more effectively into daily work, he suggested. Improving time management, prioritising workloads and training support staff could help them deliver MURs, he said.

Forum members also expressed

concern that some of the MUR underspend in the first year of the contract may not be carried over into the following year's funding.

But he added: "[As] independents [we] realise we are in charge of our own destiny; we are highly motivated to adapt to survive in the future, we've got to take on board these new services, and we will do."

Turn to page 8 for more IT-related news



Hands on: health secretary Patricia Hewitt challenged pharmacists to show how they can help transform patient pathways at last Wednesday's All-Party Pharmacy Group meeting. Calling on pharmacists to help patients get the most from existing health services, she added that the coming year would see more choice and stronger commissioning to get the best value for the public. See page 16 for an 'Independent' view on Ms Hewitt's performance. Photo: APPG

News in brief

Supplementary funding

Funding for new community pharmacy supplementary prescribing clinics in Scotland is available in 2006-07, but will be limited, the Scottish Executive Health Department has said

In a communiqué to NHS board chief executives, the SEHD says supplementary prescribing funding will be limited to £1 million in 2006-07, after which no further new applications will be processed. But clinics opened in 2005-06 will continue to be funded, it says.

The SEHD points out that the funding was a temporary initiative to cover the transitional period prior to the introduction of the chronic medication service

NCSO endorsements

The National Assembly for Wales and the Department of Health has agreed to allow NCSO (no cheaper stock obtainable) endorsements for the following items for June: mirtazapine 30mg tablets and ethosuximide 250mg capsules.

J&J wins race

Johnson & Johnson has secured Pfizer's OTC medicines business in a \$16.6 (£9.1) billion deal. J&J trumped rivals including GlaxoSmithKline to take the consumer healthcare portfolio, which includes Nicorette, Listerine, Benylin and Calpol.

Diamorphine shortage

The ongoing shortage of diamorphine is likely to continue for several months, the DH has admitted. Supplies are limited despite Chiron and Wockhardt manufacturing to their full capacity, health minister Andy Burnham confirmed last week.

PHLink workshop

PharmacyHealthLink is hosting a workshop to help pharmacists decide whether to become defined specialists in public health

Held at the RPSGB's Lambeth headquarters on July 19, the one-day event is for pharmacists thinking about applying to the support programme to the UK Voluntary Register of Public Health Specialists. Contact PHLink on 7572 2265, or email info@pharmacyhealthlink.co.uk

Northern Ireland unveils £500m plan for primary care reform

Northern Ireland Progressing towards pharmacist prescribing by March next year

Ailsa Colquhoun

Northern Ireland's new health minister Paul Goggins has unveiled a five-point £500 million plan for primary care reform that will see tangible progress to pharmacist prescribing in the province by March 2007.

The plan, unveiled in one of Mr Goggins' first speeches since his appointment as health minister in May, also points to the emergence of more primary care centre-based community pharmacies.

Mr Goggins also unveiled plans to build more than 40 new health and care centres in the province. These will bring together GP, nurse, dentist and community pharmacy services, as well as diagnostic and treatment rooms and accommodation for visiting practitioners including hospital consultants and allied health and social care professionals.

Noting the need to reduce unnecessary use of secondary care, he said: "It is the future. A single point of contact in the community."

The minister also pledged to prioritise negotiations for the new pharmacy contract for Northern Ireland, following the scheduled

The Pharmaceutical Society of Northern Ireland published this year's registration examination results on its website for the first time on Tuesday. Ray Blaney, recently appointed PSNI director, said: "The Society displayed its commitment to delivering seamless registration and modernisation by incorporating results announcements for the first time through its website, whilst also maintaining the tradition of publishing the results on its window at Society House."

completion of family practitioner contracts this year. He added that NI would also now be applying, as appropriate, guidance from the National Institute for Health and Clinical Excellence

As well as more non medical prescribing, the new Department of Health, Social Services and Public Safety plan prioritises

- Intermediate care services, designed to bridge the gap between hospital care and continuing health and social care in the community
- Nurse-led discharge, within 72 hours of a patient being declared fit for discharge
- Personalised home care plans for patients with chronic conditions.
- Integrated working by co-ordinated multi-disciplinary teams.

Northern Ireland's new Trusts are expected to bring forward plans for delivery in all these areas by March 31 2007.

London pharmacy offers chemotherapy service

Practice Cancer care could become future enhanced service, claims contractor

Max Gosney

Chemotherapy is being offered from the consultation room of a Clerkenwell pharmacy in a bid to improve local access to cancer care.

The Greenlight Pharmacy has teamed up with Whittington hospital and Macmillan Cancer Support as part of a study into cancer services in North London.

Nick Balfour, partner at the Greenlight Pharmacy group, said: "It's a very exciting move for the pharmacy and will help reduce the stress of going to a hospital for patients. Local nurses administer chemotherapy from our consultation area once a week."

The pharmacy provides the facility free of charge with chemotherapy appointments booked via Whittington hospital, added Mr Balfour. The three-month pilot scheme could lead to a more permanent role for pharmacy in cancer treatment, he stressed.

"Cancer patients are not always ill. Some are in remission so why should they face the stigma of visiting a hospital for treatment?" he said.

"Pharmacy can run this service as successfully as it has anticoagulation clinics. It could become an enhanced service of the future."



Green light for pharmacy: chemotherapy could be less of an ordeal in the pharmacy environment than the hospital

Providing more cancer care services in community settings could counter rising rates for the disease in the UK, confirmed Helen Taylor, Macmillan Ambulatory Cancer Care pharmacist and project lead.

"Pharmacies are much easier to access than hospitals. The number of cancer patients will increase in the future and putting more services in primary care is a way of boosting the NHS's capacity to cope," she said.

The chemotherapy pilot had met a mixed response from patients,

revealed Ms Taylor. "Early feedback showed some patients view a pharmacy as being a shop environment and unsuitable for cancer care. However, others have been very positive."

Cancer support is also available at a local GP surgery as part of the project, added Ms Taylor.

Around 150,000 people died from cancer in the UK in 2004 according to Cancer Research UK.

For further information e-mail helen.taylor@whittington.nhs.uk

Raiders target Belfast again

Retailing Pharmacy crime spree continues

A Belfast pharmacy has been targeted by robbers for the second time in two weeks in the latest of a series of attacks in the city.

Thieves broke through shutters at the front of Cullingtree Pharmacy on Grosvenor Road shortly before 1am on June 19. They stole charity boxes after the alarm system was triggered.

The target of the burglary is thought to be diazepam, which has been the focus of a series of raids on pharmacies in recent weeks.

Just 11 days earlier on June 8 Cullingtree Pharmacy was raided. A man came over the counter while two accomplices guarded the door. The robber stole diazepam before threatening the pharmacy assistant and demanding cash.

Proprietor Bernard Brannigan said staff at the pharmacy were "very shaken". He added that there were limits to the extra security measures that could be introduced. "In pharmacy we're the gatekeepers to the NHS," he said. "By providing access to the public there's access to the criminals as well."

The robberies have coincided with the explosion of a diazepam-based street drug called Blues in West Belfast. The pills cause drowsiness and are offered from around 50p. TH

See page 53 for our security feature

Rowlands appoints health guru

Education Bolsover pharmacy recruits NHS trainer

A Rowlands counter assistant has claimed the honour of becoming the first community pharmacy employee accredited as an NHS health trainer.

Jane Holland, a staff senior at Rowlands Pharmacy in Bolsover, is spearheading a programme of activities designed to tackle health inequalities in the local area under the banner of the Bolsover Wellness Programme.

"A big part of the health trainer role is knowing the local community," said Ms Holland. "Being a local, I understand the health issues that are related to both mining and the chemical industry – which was also a major employer here."

Patients are referred to the scheme by doctors. The programme includes gym-based exercise, circuit

training, tai chi, swimming and chair-based exercise as well as advice on health matters.

Patients will also be referred to local Weight Watchers, Change for Life and smoking cessation schemes.

Rowlands is compensated by North East Derbyshire PCT for the two days per week Ms Holland spends in her capacity as a trainer. Nicky Roe, pharmacy service development manager, said the concept was a "natural fit" with the services Rowlands already provides.

The NHS health trainer role was outlined in the 2004 Public Health White Paper, Choosing Health. A total of 230 positions have been taken up from 150 early adopter PCTs. The NHS plans to recruit 1,200 health trainers by early 2007. TH

Limit 100-hour entry, says MP

Practice Restrictions will help independents prosper

An MP has urged the government to reduce the 100-hour pharmacy exemption rule by 20 per cent in a bid to help smaller pharmacies compete with supermarkets and large multiples.

Jeremy Wright, MP for Rugby and Kenilworth, said the government should consider limiting the exemption to 80 hours a week to make contracts more affordable to independent pharmacies.

Mr Wright raised his questions with health minister Andy Burnham on June 20, prompted by concerns from a pharmacist in his constituency.

Mr Wright added that he hoped the recommendation would be considered as part of the review of the control of entry reforms, which was announced by secretary of state



Jeremy Wright, MP: 80 hours would be best for health Patricia Hewitt on June 13.

Mr Burnham hinted that any changes to control of entry would be unlikely. "It is my guess that the arrangements have served us quite well, but we will find out when we see the results of the review," he said. TH

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Convenience drives OTC sales, says drugs chief

Industry Customer care can capture trade from internet

Max Gosney

Bricks and mortar pharmacies

must become more customer friendly to capture OTC trade from internet rivals, a pharmaceutical industry expert has warned.

Ajit Patel, chief executive at mail-order medicine supplier Goldshield Group, said: "Convenience is something customers want and pharmacies must adapt. I don't think patients want to order products from the internet. But they do want the ease of having the medicines delivered direct to their home."

Consumer demand would result in more medicines on sale outside of pharmacies in the future, predicted the Goldshield Group chief.

"Consumers want better access to the medicines they want to take. I

think the sector will become more like the consumer goods category," he added.

The comments come after Goldshield Group, which supplies OTC medicines, vitamins, minerals and supplements, revealed pre-tax profits of £6.1 million to March 31, 2006.

The company figures included a £1.6m legal bill in connection with a Serious Fraud Office (SFO) investigation into generics price fixing on the NHS.

Mr Patel, who is one of two Goldshield Group directors facing SFO charges, said the firm had not been distracted by proceedings.

Goldshield Group also detailed plans for its "wellbeing" initiative in India. The scheme includes a retirement complex with on-site



Ajit Patel: Customers want convenience

healthcare facilities and centres offering minor surgery, diagnostic screening and alternative therapies across India, said Mr Patel.

If successful the service could be introduced in Europe, stated the Goldshield Group.

Pharmacies focus on IT

IT System sales boom

Community pharmacists are reviewing their IT needs in light of increased awareness of the government's NHS IT plans, a pharmacy IT supplier claims.

System sales at Rx Solutions are growing at a faster rate than any other time, according to sales and marketing director Ian Taylor.

The company, which supplies PMR systems to more than 900 UK pharmacies, installed 75 systems in May and took 65 bookings in June.

Mr Taylor warned that the IT configuration for pharmacy would become much more complex in the near future and advised pharmacists to seek out a "full end-to-end delivered and managed system".

- The NHS has reissued guidance for pharmacy contractors on claiming their ETP allowance. Contractors are entitled to claim a £200 monthly allowance when they have an ETP compliant system, network connectivity to operate EPS, and staff that are registered users and have received smartcards and PINs.

To claim the ETP allowance, contractors should submit a signed PPAETP1 form to their PCT, which will authorise the NHS Business Services Authority to make payments. Contractors should inform the PCT in writing if they are unable to operate the EPS service, so the PCT can stop payments. **GP**

News in brief

Update MCQ

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in June: hayfever part 1 (1371), hayfever part 2 (1372) and monogenic diabetes (1373).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice, with MCQs and a telephone marking service supported by Genus Pharmaceuticals. Previous modules are available at www.dotpharmacy.com. For more information, telephone Pauline Sanderson on 01732 377269.

Cegedim unites IT firms

Pharmacy IT companies Cegedim Rx and Enigma Health have been combined by their parent company and both will trade as Cegedim Rx.

PCT hails role of pharmacy in quit scheme

Practice PCT acknowledges pharmacies 'crucial to success' of free NRT scheme

Tom Hawkins

Pharmacies are an untapped

resource in the battle to reduce the number of smokers in the UK, a PCT has claimed.

Maria Williams, a Stop Smoking service co-ordinator at South Tyneside PCT, said pharmacies should build greater links with PCTs to promote smoking cessation services. She added that pharmacies were crucial to the success of a recent Drop in 2 Quit programme, which helped 306 people from a total of 571 give up.

She said: "They've always been integral but it's only in the last six months I've appreciated how necessary they [pharmacists] are to pull off this kind of programme."

The smoking cessation event was held on eight consecutive Saturdays between February and April in a community centre in South Shields. Advertised on posters and local radio, it offered free nicotine replacement therapy and support from dispensing staff and nurses.

The campaign was developed in response to stretched Local Public Service Agreement targets set by South Tyneside Local Authority to



Community pharmacy had a role to play in the very popular Drop In 2 Quit programme

generate an extra 400 quitters within the PCT by the end of the year.

It was backed by a £75,000 pump priming grant and has attracted a £118,000 reward grant because of its success. The money will be invested into replicating the scheme over the next year and employing a workplace and pregnancy adviser.

David Carter, managing director of DL Carter & Son and vice chairman of the Sunderland and district branch of the RPSGB, was one of the event organisers. He said: "Smoking cessation services are having bigger and bigger targets put on them. This was a way of getting quite a lot of people to quit quite quickly."



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GPs advised to open their own pharmacies to boost profits

Practice Article claims that having a pharmacy is profitable "without demanding much extra work"

Ailsa Colquhoun

GPs are being advised to set up their own pharmacies to boost their income.

An article in Doctor magazine, written by Dispensing Doctor Association founder member David Roberts, suggests that opening a pharmacy can be an increasingly attractive venture for GPs.

The article points out that having a pharmacy is profitable "without demanding much extra work from the doctors". As an added bonus, the practice can pass on some GMS enhanced services workload to its own pharmacy.

The article highlights two ways for GPs to open pharmacies easily, by opening a one-stop primary care centre or proving their pharmacy will outdo the overall standard of care from existing pharmacies. "Even if there is a shop just down the street, your company stands an excellent chance of getting a contract," he says.

Unusually, several community pharmacists were sent the magazine. One of them, Hertfordshire independent pharmacist Graham Phillips, fears that recent changes to the control of entry regulations and the current arrangements for practice based commissioning could give GPs the potential "to manipulate



David Reissner: advice is "presumptuous" to the system to their advantage".

However, David Reissner, partner in pharmacy legal specialists Charles

Russell, believes that Dr Roberts' advice relating to non-exempt pharmacy contract applications is "rather presumptuous". He said: "The 'necessary or desirable' test will continue to make it difficult to obtain a new NHS pharmacy contract in close proximity to an existing pharmacy."

As for standards, he believes these may have significance in terms of whether there is a reasonable choice of pharmacies.

He adds: "I doubt if this will often make a difference." He does accept that a consultation area can be an important factor in considering applications.

CPP calls for second practising register

Practice CPP response to Section 60 seeks new definition of practising

The College of Pharmacy Practice has called for a new definition of practising pharmacist to cover those not currently providing services to patients.

A new definition of practising will distinguish between pharmacists and technicians who provide pharmaceutical services direct to the public, and those who do not, the CPP has said in response to a government consultation on pharmacy regulation.

College chief executive Ian Simpson said: "There is currently a significant minority of pharmacists and a smaller minority of technicians

who would classify themselves as practising under the proposed definition, but who do not provide pharmaceutical services to patients, and may not have done so for many years. Each of them could move to a post where they would be providing such services to patients, without changing their registration status."

The only barrier, he points out, is the Society's ethical requirement that pharmacists and technicians only accept work for which they have the requisite skills and fitness.

"If the main aim of the Section 60 order is to strengthen public protection, the proposed definition

of practising fails to do this."

The College also believes that the link between registration and membership of the Society should be removed. The CPP says this would allow pharmacists to be a member or fellow of the Society without being registered.

The College also believes that:

- The order gives the RPSGB overly wide-ranging powers; and
- The requirement for indemnity insurance should take into account whether or not the registrant is providing pharmaceutical services to the public and what indemnity his or her employer provides. AC

YPG support

The Young Pharmacists Group has registered broad support for the RPSGB's response to the draft Section 60 order consultation (C&D, June 17, p4).

As representatives of newly-qualified pharmacists, the YPG believes that considering a pre-registrant's attitudes and behaviour as part of the qualification process is helpful and would assist pre-registration tutors.

The YPG also supports the RPSGB proposals to include Scottish pharmacy technicians in the Section 60 order, and the RPSGB's efforts to strengthen the link between registration and membership of the RPSGB.

Heroine Maureen in fire rescue on way home

People Pharmacy assistant saves 94-year-old in chip pan blaze

A pharmacy assistant has been praised after tackling a blaze at the home of an elderly patient.

Maureen Coombes was visiting the 94-year-old customer to check on her use of the Nomad drug monitoring system after work at the Co-op Pharmacy in Port Talbot.

Ms Coombes realised that the chip pan had caught fire. She used tea towels to extinguish the flames and then accompanied the patient, who was unhurt, to hospital.

Manager Tony Williams said her actions were typical of the high level of care she shows patients. TH



Keep S60 'in proportion'

NPA Looking for an appropriate balance

There is a need to maintain a sense of proportionality when finalising the Section 60 order, the NPA has said in its full response to the draft S60 order consultation.

The NPA points out that pharmacy has a sound record on regulation. "We hope and trust that the implementation of the order will strike the appropriate balance between ensuring a safe and quality service and the ability to carry out practice on the other," it adds. AC

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Imigran Recovery 50 mg Tablets (sumatriptan) Product Information. **Uses:** Acute relief of migraine attacks. Ensure clear diagnosis. **Dosage:** Adults 18-65 years only: 50 mg as soon as possible after onset of migraine headache. Repeat dose ≥2 hours after first if symptoms recur. Do not take second tablet if no response to first. **Contraindications:** Prophylaxis. Hypersensitivity to constituents or sulphonamides; concurrent treatment with MAOIs, ergots, other triptans; myocardial infarction, ischaemic heart disease, symptoms/signs consistent with ischaemic heart disease, coronary vasospasm (Prinzmetal's angina), arrhythmias; peripheral vascular disease; stroke or transient ischaemic attack; hypertension; hepatic or renal impairment; history of seizures, lowered seizure threshold; hemiplegic, basilar or ophthalmoplegic migraine. **Precautions:** First migraine after age 50, assess risk factors for cardiovascular disease, typical headache >24 hours, atypical symptoms, taking combined oral contraceptive pill, pregnancy or breast feeding. **Interactions:** MAOIs, ergots, SSRIs, tricyclic antidepressants, St John's wort.

Side effects: Common: pain, tingling, heat, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Dizziness, drowsiness; nausea, vomiting. Feelings of weakness, fatigue. Very rare: hypersensitivity reactions, seizures, nystagmus, scotoma; visual disturbances; cardiovascular disturbances including bradycardia, tachycardia, palpitations, arrhythmias, ischaemias, coronary artery vasospasm, myocardial infarction, hypotension, Raynaud's, ischaemic colitis. **Legal category:** P. **Product licence number:** PL 00071/0455. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 tablets £7.99. **Date of preparation:** April 2006. Imigran is a registered trade mark of the GlaxoSmithKline group of companies. **References:** 1. Goadsby PJ, Lipton RB, Ferrari MD. N Engl J Med 2002; 346(4): 257-260. 2. Humphrey PPA. Cephalgia 2001; 21 Suppl 1: 2-5. 3. Landy S, Savani N, Shackelford S. Int J Clinical Practice 2004; 58(10): 913-919.

Scots are geared up for a minor ailment push

Scotland Testing phase ironed out glitches before system went live

Tom Hawkins

Contractors in Scotland are poised to accelerate the recruitment of patients to the minor ailment services (MAS) after taking delivery of NHS promotional materials this week.

Alison Strath, principal pharmaceutical officer at SEHD, said the materials were being distributed according to schedule. She added that the testing phase had provided a cushion to iron out any software glitches before the system officially went live.

"There's a fine line in patient expectation. We don't want people signing up for something they can't actually access," she told C+D.

At a meeting of Numark's Scottish Advisory Committee on June 20, members said pharmacists had been frustrated by the promotional restrictions imposed by the Scottish Executive surrounding the official roll out of MAS on July 1.

"We're all disappointed that the display materials haven't come through. They're still not here but we're hoping they will be by the end of the month," said Ken Manson of Kemnay Pharmacy in Aberdeenshire.

The total number of patients registered for MAS since June 1 is just under 255,000. This includes a



Ken Manson: CMS is immense opportunity

further 116,000 in addition to the 139,000 patients already registered in Tayside and Ayrshire & Arran.

Numark contractors piloting MAS, such as John Richardson, advised fellow pharmacists to be vigilant that registration numbers correspond to the data on the system. Members were reminded that registrations lapsed after a year if there is no

consultation or prescribing.

Mr Manson also gave the committee an overview of a six-month pilot of the chronic medication service (CMS) he is running in the Grampian region. He described the service, funded by £50 per patient, as an "immense opportunity" for pharmacies to become involved in independent prescribing when it rolls out next year. "That is where, ultimately, the big opportunity is. We will be able to have patient management plans in conjunction with local medical centres," he said.

His comments at the Numark meeting were supplemented by an overview from Dan Guidi on training to become a supplementary prescriber.

In addition, the panel appealed for Numark to conduct an anonymous survey of staff salaries and benefits to provide a national benchmark.

Promotional material for Scotland's MAS

The Scottish Executive Health Department aims to send community pharmacies two posters and an initial supply of 250 patient information leaflets to promote the MAS before July 1. MAS can be included in practice information leaflets but only NHS materials can be displayed to promote the service and it must not be incentivised. Supplementary supplies of posters and leaflets will be available from Eleanor Russell on 01506 448410 or eleanor.russell@bbsltd.co.uk

Quota cost concerns

Politics DH does not count cost of drug quotas

The Department of Health has admitted that it has not assessed what impact the stock quotas imposed by drugs manufacturers have had on the supply of medicines.

Health minister Andy Burnham told Parliament last week that the DH has had "no recent discussions" with manufacturers.

The government does not routinely record the impact of product sourcing on NHS expenditure but estimates that parallel import save the NHS £60 million per year in the community sector, he said.

However, research commissioned by the European trade body for the PI industry puts the figure at £162m.

Pharmacists pioneer pain relief

Practice Scottish contractors lead £45,000 campaign



Launching the programme, from the left, are: Helen Eadie, MSP, pharmacist Debbie Paton and physiotherapists Karen Brown and Pauline Robertson

Pharmacists and physiotherapists are treating people with long-term pain in West Fife.

Debbie Paton, a pharmacist in the scheme, which is being run by Dunfermline and West Fife Community Health Partnership, said: "By improving the understanding of

medication and increasing activity levels through exercise, patients can expect to gain greater control of their pain."

Patients are referred to the eight-week programme by their GP or local community physiotherapist under the scheme. JE



SPGC

Minor ailment service Q & A part four

Q. Can I consult patients for the MAS over the telephone?

A. No. Consultations for the MAS should be on a face-to-face basis. Only in exceptional circumstances should a consultation take place by other means, eg phone or email.

Q. Can I prescribe homoeopathic medicines on the MAS?

A. The national formulary only allows 'list' homoeopathic products to be provided. These are products from the Nelsons and Weleda lists, which are published by C+D. It also includes the official list of products that Freemans issues. Homoeopathic products that are covered by a 'specials' licence are not allowed. This is because their licensing status and subsequent legal status is unclear. If you are in any doubt you should check either with your local prescribing team.

Q. Can I accept incentives to prescribe a particular product for MAS?

A. The choice of any product you prescribe through MAS must always be independent of any incentive or commercial consideration. It should be based on your clinical assessment of each patient and your professional judgement. The Medicines (Advertising) Regulation 1994 governs the supply, offer or promise of gifts to healthcare professionals, including pharmacists, by drug manufacturers and distributors. Pharmacists accepting any such incentives would be in breach of regulation 21.

Q. Are pharmacists allowed to offer or accept incentives or inducements to encourage patients to register for MAS?

A. No. Under the current NHS regulations pharmacists cannot offer such incentives and this will continue through into the new pharmaceutical care services regulations. You should also uphold the professional guidance on this matter issued by RPSGB. Community pharmacy contractors should also not offer incentives or set targets for employees to recruit patients for MAS.



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Pharmacy Champions

Pharmacists leading the way



Pharmacy Champions

Name
Emma Lawrence

Pharmacy
**Rowlands Pharmacy, Southsea,
near Portsmouth**

What has she done?
Set up the Fleet Project, a 48-hour rapid prescribing service for methadone and subutex

enjoy and feel passionate about. Enlisting the full support of your pharmacy is also crucial. My commitment was essential and could only be achieved with the assistance of my administrative and dispensary staff. It is also essential to have suitable facilities for undertaking the service, such as a consultation room.

Would you do anything differently?

At the outset of the project I would have clearly defined my role and responsibilities to all parties – such as clarifying the legal requirements for prescription writing and the types of drugs allowed on an FP10MD – both of which were unknown to the rest of the Fleet Project team at the time. I would also have spoken to my colleagues in other Rowlands Pharmacy branches, explaining the service and its objectives, as this may have encouraged more co-operation and a greater understanding of the project.

What have you set up?

The Fleet Project is a drug intervention programme set up and administered by Hampshire Constabulary Safer Portsmouth Partnership, NHS Drug and Alcohol Services and myself, as pharmacy support. The aim is to establish a period of stabilisation for drug users with no social support whose habit is out of control, with a view to reducing and eliminating their illicit drug use.

Were there difficulties?

My initial problem was time. I had difficulty arranging locum cover for my time away from the pharmacy and there were logistical problems co-ordinating meetings between the professional bodies involved. There was a learning curve at the start of the project for all of us, but none more so than making the legal and professional obligations of the pharmacist known so the mechanics of the service could be established.

How have the locals reacted?

On the whole it has been highly positive. After overcoming early prejudice towards the users of the service and the difficulties building trust between the clients and the professionals involved, the project has had a marked effect on drug-associated crime in the local community, and also on the wider aspect of re-offending. Local GPs have also welcomed the scheme, as it provides an alternative route for clients to access the services they need, within a scheme supported by the police and NHS staff.

Any advice for others?

Make sure that any new service you endeavour to set up is something you

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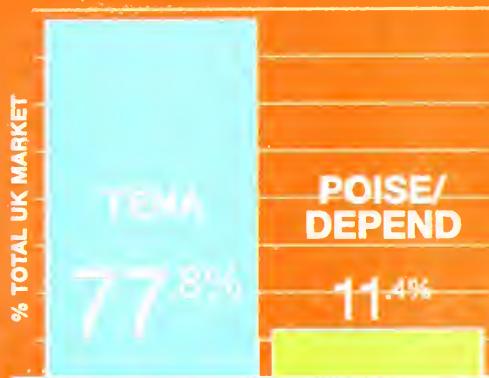
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Comment from the editor

Plan now for when dispensing is dispensed with



If anyone does not believe that the practice of pharmacy is moving on, they should take note of United Co-op's plans. It has disclosed this week that it too is considering a central dispensary function, making use of the internet pharmacy exemption to the control of entry requirements.

Alliance Pharmacy has already registered its head office as a pharmacy with this in mind, so the future of dispensing seems set to evolve into a 'hub and spoke' model. For contractors who are relying on dispensing to be their main source of future income, now is perhaps the time to check

and check again whether that business model is going to stay as sound as it may currently appear.

The notion of hub and spoke dispensing, where an automated 'dispensing warehouse' deals with the bulk of the repeat prescription business for a number of pharmacies, will be even more easy to construct once electronic prescribing comes on board. But the United Co-op model – where its own wholesaling division Sants looks after the off-site dispensing – is something that could be adopted for any contractor or group of contractors. Will this be the next service offering to independents from the likes of big wholesalers?

It does not mean, though, that the dispensary will disappear from the high street pharmacy. Not only will patients expect to collect their repeat medication from their local pharmacy (unless they are happy to have it sent through the post), there will be a sizeable number of acute prescriptions that need dispensing there and then.

The dispensary workload might change, however, as time is freed up. Is this an opportunity for pharmacists and staff to develop their skills? Or will people see it as a threat to the workforce with the prospect of redundancy?

If that were not incentive enough to take up the

new roles being promulgated by the new contracts across the UK, the words of the health secretary Patricia Hewitt should be noted. Aside from her references to the "glitches" affecting the NHS IT programme, she has challenged pharmacy to change the patient pathway through healthcare.

As one of the more dedicated advocates of Blairite reform, she wants the NHS changed to reflect the desires of the public who use it. There's a role for pharmacy, she suggested last week, but it needs to be active, not passive.

Well, that's the theory, but if the reports that filter back are truly representative, cash strapped PCTs or GP-led commissioning means that those pharmacists who do want to make a difference are finding it difficult to get that chance.

There is a role for pharmacy, but it needs to be active, not passive

Your views

Steady as she goes

Colin Brown says the health secretary needs to balance reform zeal with stability

Hewitt, the health secretary, who I first met when she was Neil Kinnock's spin doctor, is now the leading advocate for Blairite reforms in the NHS.

She is facing a challenge from her own side over the 'choice' agenda in which community pharmacies have a role. It would be easy to pass off the troublemakers as the 'usual suspects' from the old Labour traditional left, and many of them are, including Frank Dobson, the former health secretary.

However, there is a growing feeling of 'reform overload' in the NHS at the moment, which is in danger of tipping the balance against otherwise laudable reforms.

Howard Stoate, a GP and Labour chairman of the All-Party Pharmacy Group, urged her to go carefully when she spoke to the group's AGM last week in the Commons about the government's review of the entry reforms for community pharmacies.

"We would like this to be carried out swiftly and would not like to see wholesale changes," he said. I

gathered from her reply that she is well aware of the dangers of revisiting the OFT report on access.

Community pharmacy breathed a sigh of relief when she rejected the more radical options presented by the Office of Fair Trading. She was then secretary of state at the DTI and her inclination may have been to go for the OFT 'big bang' approach.

Hewitt faces challenges over 'choice' agenda

But Ms Hewitt was born into a political family – her father was a senior civil servant in the Australian government in Canberra – and she is political to her fingertips. She rightly saw that community pharmacies are a valuable asset, liked by the public, underused by the

NHS, and a potential source for change in the future.

Speaking to the APPG, Ms Hewitt praised pharmacies for their 'entrepreneurial ways' which could transform patient care. But she made it clear that the review which has been announced into access to pharmacies will not herald a fresh upheaval. There are suspicions that Downing Street would have liked to have gone further. On this review, she could end up in the odd position of joining those resisting change.

Ms Hewitt's heart may be in 'continuous revolution' but her head should tell her she would be wise to make sure that the present changes are bedded in properly and working before embarking on another round of reform.

Colin Brown is the deputy political editor of The Independent.

Colette McCreedy on supervision changes, page 18

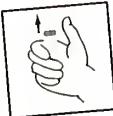
Alastair Campbell, Tony Blair's former chief spin doctor, once told me that he had to create confrontation between ministers in order to drive issues into the newspapers.

He certainly would not need to do that now. There is plenty of confrontation on the health service, without inventing clashes between ministers and Labour MPs. Patricia



Xrayser

I'd rather be rich than a saint



I am proud of my vocation as a health professional and a business person. Of course there are lots of wrongs in the world that I would love to right but I do not want to be a saint or a charity worker.

If I carried out the NPSA's recommendation that I keep patients on the same brand of generic medicine (C+D, June 24, p10) I would still be a safe distance from canonisation but my business would assume an unwanted air of charity.

It is unlikely that a government organisation such as the NPSA is aspiring to charity status, but I would be happy to take on board its recommendation if David Cousins would agree to refund me the difference between the cheapest generic and the one that the patient preferred.

This would be a kind gesture but I doubt he could afford to do it for every pharmacy in the country.

I agree with the gist of Mr Cousins' argument that it would be safer for patients to continue on the same brand of

generic medicine to avoid confusion. But I think his recommendation should have been made to the government rather than pharmacists. Having only recently found a satisfactory reimbursement system for generics after a number of years of trying, I doubt whether the government would seriously consider his proposals either. And anyway they're trying to make savings in the NHS, not spend more money.

Taking the NPSA argument one step further, if every patient received only branded medicines things would be safer still as patients wouldn't be confused by similar looking packaging across a generic manufacturer's range. But the world would also be a nicer place if income tax was abolished and everyone in Africa had plenty of food.

There are some things in life you can't change, but there are plenty that you can and the NPSA can continue making positive changes if it focuses on its own strengths rather than criticising others for issues beyond their control.

Topical Reflections

The real choice is no choice

Phoenix took over Numark eight months ago and, according to its chief executive, everything has gone swimmingly (C+D, June 24, p37). The large wholesaler supports the smaller trading group's services and its customers can access Numark services as part of their wholesaler arrangements. No sign of any losers there.

But from August Numark pharmacists who happen to use UniChem or Mawdsleys will no longer be able to access Numark products so they have to open a Phoenix account. That's fine as it goes but the obvious next step, in order to get maximum discounts, avoid the hassle of an additional supplier etc, is to switch all your business to Phoenix.

This is all perfectly sensible business

tactics, but the Numark pharmacist who wants to maintain some of his UniChem services, such as IT or finance for example, is caught in a difficult situation. Previously his Numark membership would have left him free to use other services, but now it limits his choice.

I'm sure the Boots/UniChem merger will see similar tactics from this 'improved' company. But the upshot is that, as big business is increasingly driven by mergers and acquisitions, we're forced to believe that we're getting a better service because who will tell us otherwise and we don't have any choice anyway. It's a bit like having a government with no opposition party – and that helps no one in the long run.

CD

Value for money?

Sarah, now in her late eighties, is getting frailer by the week. She insists on giving me a one pound coin each time I deliver her weekly medicine box; I now accept it as my initial refusals caused great distress.

She was hospitalised three times in the last six weeks, stabilised and discharged home. Each time she leaves with a full 28 days' supply of her 12 medicines plus additional ones prescribed during her stay.

It's all getting rather confusing. I have a large sack of medicines labelled by the hospital pharmacy and from this I am expected to fill a weekly tray for Sarah. The tray enables her to deal with a very complicated medicine regimen; she was last discharged on a reducing prednisolone dose which is, to say the least, challenging.

But we have not had a HS 21 prescription for Sarah for some months due to her hospital stays. We are not getting paid for the work we do yet are expected by the community nurses (and Sarah) to fill the tray from hospital stock. Stock build up is significant and whereas I am trying to keep it separate from normal stock it is

The stock build up is significant and I might be asked to suggest fraudulent practice

cumbersome and I fear it might be easy to suggest fraudulent practice.

I thought little of the 28 days' supply from hospital when it was introduced but Sarah's situation suggests it might not be the value for money it was first heralded. If only 10 per cent of patients were like Sarah any potential savings would be lost. Equally concerning is the lack of communication between hospital staff and primary care; so much for a joined up health system.

This is in sharp contrast to dealings with dieticians in secondary care. I am routinely notified about palliative patients being discharged on quirky nutritional supplements. This ensures that I have time to get supplies so patient and family are not inconvenienced. But even this does not solve the matter of how to get paid; perhaps this is what Sarah's one pound coins are.

Written by a pharmacist practising in Northern Ireland

Your views

How will change to supervision affect community pharmacy?

With impending changes to supervision and personal control, NPA practice director Colette McCreedy looks at the possibilities for pharmacists to look beyond the dispensary



The government's proposed changes to the definitions of personal control and supervision are profound and have the potential to significantly change the way that community pharmacy is practised.

Some pharmacists and technicians believe the changes will not affect the way they work but whether or not we want to engage now, it is important to understand the issues.

This article outlines the main changes that are proposed, their possible effect on the community pharmacy workforce and the benefits and disadvantages of those changes. It also reflects on how community pharmacy practice might look in the future.

The impact on community pharmacy

Freeing up time If dispensing of repeat prescriptions and sales of P medicines could be delegated, there would be more time for the pharmacist to do cognitive work such as MURs, medicines management and smoking cessation services.

If pharmacists were allowed to leave the premises there would be more opportunity to interact with other members of the primary care team, for example to attend practice meetings, provide prescribing advice to GPs/nurses, and attend joint PCT training seminars. There would also be opportunities to provide services off the premises, such as disease management clinics or visiting people at home. This would be a key factor in allowing community pharmacists to develop professionally.

Public access to the pharmacist Although the proposals may free pharmacists' time, they could also lead to decreased access by the

public to a pharmacist. For decades we have been encouraging the public, not least through the NPA's Ask Your Pharmacist campaign, to speak to the pharmacist for advice on medicines and healthcare matters.

Will the public get frustrated when they are told the pharmacist will not be back for, say, an hour? Or how would they feel about speaking to a pharmacist via a video link? Will this lead to an erosion of a key strength of the community pharmacy network: ready and easy access to a pharmacist?

Public safety It is difficult to envisage what effect the proposed changes would have on the safety of the pharmacy service, but the three most significant proposals that need to be risk assessed are:

- Remote supervision.
- Allowing a pharmacist to be responsible for more than one pharmacy at a time.
- Delegating supervision to technicians.

Perhaps the acid test is whether professional indemnity providers see an increase in risk associated with the proposed new ways of working.

Speed and efficiency of the pharmacy service

To maintain a speedy and uninterrupted service when the responsible pharmacist (RP) is absent, another pharmacist (on the premises or supervising remotely) would be needed.

It would not be sufficient to delegate the supervision of P sales and the supervision and

dispensing of repeat prescriptions to a technician.

A remote or replacement pharmacist would also be needed, to answer customers' and staff queries and to clinically assess new prescriptions – if they are to be dispensed with reasonable promptness to meet the requirements of the contract. This questions the need for a provision to delegate supervision to a technician.

The superintendent and responsible pharmacist relationship

As in the current Medicines Act, the Health Bill requires that responsible pharmacists within a body corporate be subject to the directions of the superintendent. But at the same time, the proposed duties of a





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What is proposed for the future?

- Each set of pharmacy premises will have a 'responsible pharmacist' (RP) who will be:
 1. In charge of the business of the retail sale or supply of medicines.
 2. Responsible for the safe and effective running of the pharmacy.

In effect, the RP will be the pharmacist who takes charge for the day, be it the owner, manager or locum. Records will need to be kept of who is responsible on any day.

1. The RP is expected to be on the premises for the majority of the time the pharmacy is open. Absences will be allowed, and the length of which may be specified or be left to the RP's discretion.
2. GSL medicines can be sold when the RP is absent – if he decides that this should be permitted.
- The RP will delegate supervision and/or

dispensing of some prescriptions (probably repeats) to registered and suitably trained technicians working under protocols (or to other registered health professionals). Technicians may need a higher qualification than an NVQ/SVQ III to do this. 'New' prescriptions must be clinically assessed by a pharmacist.

- The RP can delegate POM and P medicines supply to registered and suitably trained technicians working under protocols (or to other registered health professionals).
- A pharmacist could supervise remotely the sale and supply, and the dispensing of medicines using modern technology such as video links.
- When the RP is absent from the premises, he could have the following options for supervision:
 1. Delegate supervision to another pharmacist on the premises, for example the 'second' pharmacist if there is one or to a 'replacement'

pharmacist who comes into the pharmacy during the RP's absence.

2. Delegate supervision to a registered and suitably trained pharmacy technician (the training for this is not yet defined), or to another registered health professional (examples have not been given).
3. Engage a pharmacist to supervise remotely.
4. Supervise remotely himself – if the nature of the absence will allow this.
- Although it is envisaged that, in most cases, a pharmacist will be responsible for one pharmacy, there will be provision for exceptions to this rule.
- Within a corporate body, the RP will work subject to the direction of the superintendent.
- Although it is not envisaged that this would happen immediately, provision could be made for extra qualifications and/or experience to be required before a pharmacist could become an RP.

Some superintendents and bodies corporate may be uncomfortable with a possible empowerment of their managers

responsible pharmacist could indicate that he or she be required to make decisions regarding, for example, when and for how long he may be absent from the pharmacy on any working day or whether or not GSLs may be sold during his or her absence.

Some superintendents and bodies corporate may be uncomfortable with a possible empowerment of their managers, but some may welcome the opportunity for superintendents to focus more on

overall company policies and corporate governance.

Equally, some managers and locums may welcome an opportunity for more empowerment, whereas others will be reluctant to accept change and may want decisions to be made for them.

One could argue that the proposed new ways of working will bring no change at all to the relationship between a superintendent and his managers and locums.

Individual pharmacists have

always had a responsibility for the safety of their patients and a professional obligation to question company policies or change procedures laid down by the superintendent – it just hasn't been described so prominently before. It is important this issue is debated to ensure a balance is struck between a company's ability to control the quality and safety of services and an individual pharmacist's ability to exercise professional judgement and discretion.



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A sensible model would recognise the superintendent's role as being responsible for establishing policy frameworks for the company, and the RP's role as being responsible for adapting, maintaining and reviewing procedures at branch level within that policy framework.

However, this still begs the question of who should make some of the fundamental decisions, (such as whether GSLs can be sold when a pharmacist is not on the premises or how supervision will be managed when the RP is not on the premises) – the company (superintendent) or the RP (manager, locum)?

The skill mix model

The proposed changes would provide an opportunity to up-skill the pharmacy team. Technicians could register and train to become competent to supervise medicines sales and the dispensing of repeat prescriptions and so take on more responsibility. And dispensing assistants could train to become competent prescription assembly checkers and work with technicians to dispense repeat prescriptions in the pharmacist's absence.

There could be a case for an enhanced medicine counter assistant – the more competent the MCA, the fewer pharmacist interventions

Moves to allow a pharmacist to be responsible for more than one pharmacy could result in fewer managerial opportunities



needed. In the future, an RP may be required to have more qualifications and/or experience than an MRPharmS. Community pharmacists could, therefore, have different competencies/qualifications, such as supplementary or independent prescriber, MUR accredited, RP.

There would be opportunities but it is difficult, currently, to envisage practically how this could be sustained within the current financial model for community pharmacy.

The financial model

For the RP to leave the pharmacy, he or she would need to ensure there was at least a technician competent to supervise on the premises and a dispensary assistant competent to undertake an accuracy check (only a pharmacist can self-check).

He or she would also need to engage the services of a remotely supervising pharmacist if he or she was not able to supervise remotely himself or herself and did not want to disrupt the pharmaceutical service. As a result, the business would sustain significant increases in staff costs.

The financial model would only "stack up" if significant financial gain was achieved by the services undertaken by the responsible pharmacist when off the premises. With very little money currently available for enhanced services it is difficult to see how this will work.

Taking it to the extreme

The NPA's biggest concern is the proposal to allow an RP to be responsible for more than one pharmacy at any given time. While it is made clear in the DH consultation that this will be the exception to the rule, the "gate will be open" and it is important to consider what could happen in the future.

If pharmacy negotiators argue for more money because of increased costs in support staff, could the cost of service in the future be based on less than one pharmacist per pharmacy to counter this?

Moves to allow a pharmacist to be responsible for more than one pharmacy could result in fewer managerial opportunities – at a time when, with the opening of new schools of pharmacy, the population of pharmacists will be increasing.

Another issue is how remote supervision may develop. We may see pharmacists in offices or at home, with video links to two or three pharmacies. Their success, of course, will depend on the ability of remote supervision to maintain patient safety – and on public acceptability.

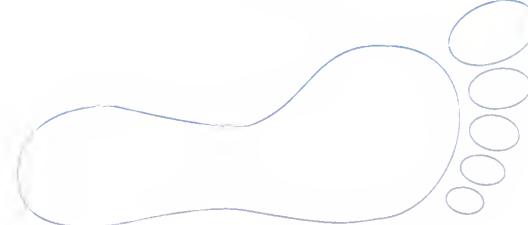
There are many more examples of how changes in supervision and personal control can be taken to the extreme. The important point for now is that all pharmacists – especially those who are or who have any intention of practising in the community pharmacy sector – must engage in this debate.

The changes will have a significant effect on pharmacy practice, even if the intention of some is to ignore them.

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Your views

Control of entry reform – one year on

David Reissner and Noel Wardle, of Charles Russell LLP, look at the impact that the National Health Services (Pharmaceutical Services) Regulations 2005 have had on the opening of new pharmacies

It is a little over a year since the National Health Services (Pharmaceutical Services) Regulations 2005 heralded reform of the "control of entry" regime that had remained unchanged since 1987.

Until April 1, 2005 pharmacies could usually only be included on a PCT's pharmaceutical list (and have a contract for providing NHS services) if they could demonstrate that granting their application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood (the "necessary or desirable" test). This is a deliberately restrictive test that the Office of Fair Trading recommended should be scrapped. The government decided instead to tinker with new regulations. What it may have inadvertently done is to scrap the control of entry test for the most lucrative of sites and left existing pharmacies in limbo.

How are the PCTs doing?

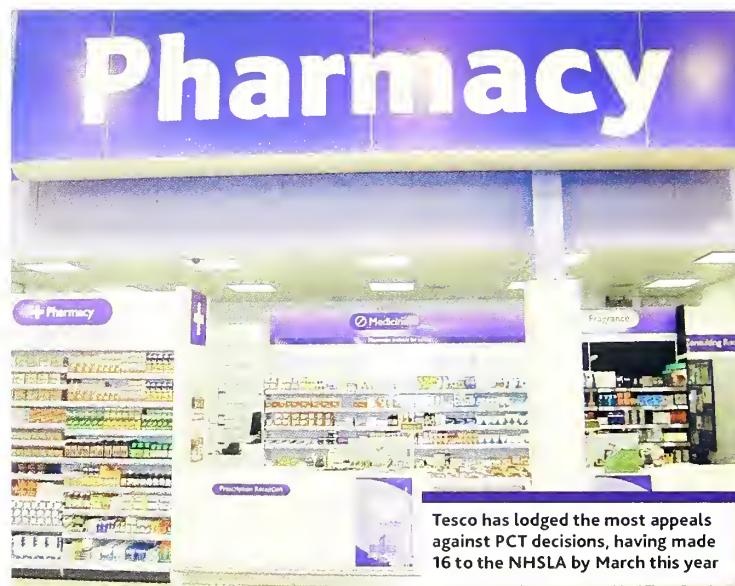
When it comes to determining applications, PCTs do not always get it right. That is why the regulations usually allow an applicant, or a nearby pharmacy owner who objects to an application, to appeal a decision to the National Health Service Litigation Authority (NHS LA), which runs a Family Health Services Appeal Unit.

On the whole, PCTs seem to be getting more decisions right than wrong when determining applications, but there is evidence that they may get the right answer for the wrong reason. Naturally not all decisions by PCTs are appealed.

However, a review of appeal decisions made by the NHS LA shows that some 9 per cent of PCT decisions that are appealed are overturned by the NHS LA, usually because a PCT has wrongly granted an application. Since the new regulations came into force, most appeals appear to have been brought by Tesco, which made 36 out of a total of 54 appeals received by the NHS LA under the 2005 regulations (up to March 2006).

Competition and choice

One of the biggest changes to control of entry requires PCTs to



take into account choice when determining applications for new pharmacies. The Department of Health felt that too many applications were refused under the old regulations, and wanted to redress the balance.

Despite government soundbites referring to competition and choice,

100-hour pharmacies could be the death knell for control of entry

the 2005 regulations do not mention the word "competition", although it still appears – incorrectly – in Department of Health guidance to PCTs. Instead, when deciding whether it is necessary or desirable to grant an application to secure adequate pharmaceutical services, PCTs must consider whether patients have a reasonable choice of services and a reasonable choice of providers.

The question of whether patients have a reasonable choice of services or service providers does not seem to have weighed heavily yet with the NHS LA Family Health Services Appeal Unit. It has regularly decided that if there is no pharmacy or only one pharmacy in a neighbourhood this does not inevitably lead to the conclusion that patients have inadequate choice. A brief review of the appeal unit's website shows that of the 54 decisions made in the first 12 months, 37 involved the question

of choice. But the NHS LA has only agreed that there is insufficient choice and gone on to grant an application in three cases.

Judicial guidance is still awaited on what is meant by "choice". There are unanswered questions such as:

- Is "more choice" a valid argument?
- Can there be reasonable choice if there is no pharmacy in a neighbourhood?
- In deciding whether there is a reasonable choice of pharmacies, can PCTs look at pharmacies outside the neighbourhood?
- Does an applicant have to prove that reasonable choice does not exist, or do objectors have to prove that it does?

Some of these issues were raised in a recent High Court application for Judicial Review of an Appeal Unit decision, but the appeal unit decided not to fight the case, and the questions remained unanswered. For now, it seems that patient choice will only come into play in borderline situations.

Despite the difficulty in obtaining a pharmacy contract on the basis of choice, the FHS Appeal Unit considered a recent London case was finely balanced, and decided the application should be granted because the aggregate of concerns about existing services led it to conclude that pharmacies outside of the neighbourhood could not reasonably act as a substitute for an alternative provider in the

neighbourhood in order to secure adequacy.

Exempt applications

Probably the biggest change to the regulations was the introduction of four exempt categories: 100-hour pharmacies; one-stop primary care centres; mail order pharmacies; and approved retail areas.

Of the four exemptions, the one with the most impact so far has been 100-hour pharmacies. This has allowed supermarkets to open pharmacies at stores that already open for long hours.

In other cases, applicants who have not been able to obtain an NHS pharmacy contract by satisfying the "necessary or desirable" test have resorted to making an application to open a 100-hour pharmacy using the exemption. These are often located at or close to new health centres, where a new pharmacy under the control of entry test would not have been able to open.

Although PCTs are required to consult those existing pharmacy owners who would be affected, there are few grounds for turning down an application. The principal objections would be:

- The existence of a local pharmaceutical services scheme in the neighbourhood.
- Unwillingness of the applicant to provide directed services such as EHC.
- Planning laws that would not allow the applicant to open for 100 hours or provide services other than dispensing.

Running a 100-hour pharmacy can be expensive because of the need to have a pharmacist in personal control of the premises. However, if the government uses its Health Bill to remove the legal requirement to have a pharmacist constantly on the premises, it will become easier and more economic to run 100-hour pharmacies – and that could be the death knell for control of entry.

Given the government's commitment to patient choice, the Department of Health may ask itself whether the unintended consequences of control of entry reform are what patients would choose if they were asked.



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Have you cottoned on yet?

Are green shoppers a 'heroic minority' in the pharmacy, or is there a growing interest in putting 'ethical' personal care products such as organic cotton wool or toiletries made from natural ingredients into shopping baskets?



Jane Ellis

The number of people buying natural and organic personal care products is increasing. In its study, 'The UK Market for Natural and Organic Personal Care Products', Organic Monitor found that sales almost doubled between 2002 and 2005, with concern about chemicals in cosmetics and toiletries and a wider availability of products fuelling growth.

The research company defines natural personal care products as those that are predominantly sold in health food shops and organic food retailers. According to this definition, the market size was worth about £90 million in 2005 and has been growing by more than 20 per cent each year since 2000. Natural products are also making inroads in pharmacies, department stores, hair salons, beauty centres and spas. Hair and skincare products are the most popular with consumers, accounting for 80 per cent of sales. Natural deodorants and oralcare products are also showing healthy growth.

In spite of this, natural products have a market share of less than 5 per cent of total personal care product sales.

Organic Monitor expects some consumers to switch to natural and organic products for ethical reasons; others will choose them for their ingredients. Brands sold in pharmacies by BHM

Health Group, Planet Earth, Natracare and Weleda, for example, all highlight the quality and traceability of their ingredients in their marketing campaigns.

Planet Earth's products are available through around 750 independent pharmacies owing to a distribution agreement with AAH, and the brand claims to be steadily increasing its sales. Ian

Mattocks, general manager, says: "We currently have new product developments in the pipeline that have been inspired by consumer trends and feedback from our website. In terms of the proportion of sales through pharmacy, I would say that about 20 per cent of our activities are currently conducted through independent outlets."

Products include toiletries that are free of parabens and formulated using the minimum necessary ingredients, without being tested on animals, fragranced only using essential oils and formulated using ingredients that do not contain any animal by-products.

Planet Earth donates 25 per cent of its profits to the Rivers, Forests and Animals Trust (RAFT) and although Mr Mattocks would not divulge how much money this represents, he says: "We hope and believe that both the amount we are able to give and the frequency of donations will increase as the brand continues to grow. Our objectives for helping to protect the environment don't just stop when our products have been manufactured. The responsibility goes further than that."

Being able to penetrate the pharmacy sector without the support of the wholesaler is very difficult, according to Susie Hewson, director of Bodywise (UK). She says wholesalers have shown "zero interest" in its Natracare organic cotton tampons, feminine wipes and natural



Ian Mattocks, Planet Earth general manager

GSK employs eco-design toolkit

Five-fold increase in number of cyclists

GlaxoSmithKline is committed to ensuring that its products do not adversely affect people or the environment and clearly states its policy on its website. The company has developed an eco-design toolkit to support new product development, comprising five modules, including guides for green chemistry/technology, materials, packaging, lifecycle assessment and chemicals legislation. GSK was also highly commended in the traffic and transport management category of the 2006 Liveable City Awards for an integrated travel plan that has resulted in a five-fold increase in the number of cyclists at its headquarters in Brentford, West London.



Cutting food miles

Sourcing ingredients near to home

BHM Health Group, the Bridlington manufacturer of natural health products, sources as many ingredients as possible from its own organic herb farm. All other raw materials are tracked from approved manufacturer to finished product. Because the farm is located near the manufacturing unit, 'food miles' are reduced and as part of an ongoing organic development programme

11,000 trees have been planted.

Steve Ryan, BHM Health Group director, says this will provide the equivalent number of trees necessary to soak up the carbon emissions of 11,000 people driving two-litre diesel cars 6,500 miles each year.



biodegradable pads. Nevertheless, consumer interest in the products is growing, particularly amongst women who may have concerns about allergies to tampons made by traditional processes or want to avoid using products containing pesticide-sprayed cotton.

"Women are making a lifestyle choice and turning to organic and natural feminine products because they trust them," says Ms Hewson. "The perception of organic products is changing and changing quickly. Consumers have moved on from the media hype about these products being more expensive to understanding the reasons why they cost more. Women are examining more closely the types of products that they are eating and putting onto and into their bodies."

Ms Hewson says the market for Natracare's products is showing double-digit growth year-on-year. UK sales are currently at £1.5m, an increase of 24 per cent over 2005.

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Product Name: Daktacort® Hydrocortisone cream. **Presentation:** A white, smooth, non-oily, hydrocortisone cream. **Indications:** For the topical treatment of dermatological conditions associated with fungal infection where the causative organism is susceptible to miconazole nitrate. **Contraindications:** Hypersensitivity of the patient. **Precautions:** Do not use on children under 12 years of age. **Side Effects:** Localised irritation by cream, including burning, stinging, dryness, scaling, and/or redness. **Storage:** Store in a cool, dry place, away from direct sunlight. **Precautions:** Avoid contact with eyes. **Legal Category:** P. **PL Number:** PL Holder: Tanserine (Regulated) Lundbeck High Wycombe, Buckinghamshire HP14 4JG. **Package Quantities:** Price £4.75. **Date of Preparation:** February 2006.

CoMedis

McNeil

Weleda produces a range of bodycare products that sit very well alongside its OTC medicines. All are equally 'green' and 'ethical' and use 100 per cent natural ingredients and recyclable packaging. The company says customers come into the pharmacy primarily for its medicines, but its strong link with bodycare products is a good way to introduce the ethical/green angle. Babycare, suncare and problem skincare products perform particularly well in pharmacy, says Weleda.

Although the suppliers are trying to push their products into pharmacies, UniChem says the demand from consumers for 'green' products is not huge. Meanwhile, the Co-operative Group, of which Co-op Pharmacy is a division, claims to have led the way in ethical product development. Its own brand toiletries, which are sold in the pharmacies as convenience items, are not tested on animals and labels list ingredients in English rather than by their Latin names. According to Steve Broughton, spokesman for Co-op Pharmacy: "Most of our shops are small and shelf space is limited, but we are looking at ways in which we can develop our product offering in this area."

Eurolink Healthcare, which has been granted a licence by The Fairtrade Foundation, supplies Numark and other retailers with a selection of products in the Bocoton range, made from Fairtrade cotton, including baby cotton buds, twin-faced round, oval and square cosmetic pads and cotton wool balls and pleats. Arthur Wilkins, sales director, says because the product was only launched in the UK in March he is unable to talk about sales figures yet.

Fairtrade cotton is grown by small farmers in India, Peru, Mali and Senegal. Such farmers are in a vulnerable position at the bottom of the supply chain and as such are susceptible to exploitation and injustice in international trade. According to Mr Wilkins, they have been severely affected by fluctuating world cotton prices, in part affected by increasing competition from synthetic fibres such as nylon and polyester and by trade distorting subsidies in the USA, China and European Union.

However, the USA is under pressure to stop its subsidies, which Mr Wilkins believes will help foster a more even world pricing of cotton. Fairtrade certification brings the small farmers the guarantee of a minimum price plus a further premium to be used for community development projects.

Numark has put its own branding on the round



Industrial farming techniques are under pressure from organic producers, gaining a greater following from those who want to protect the environment. Pic: Empics

Fairtrade cotton is grown by small farmers in India, Peru, Mali and Senegal. Such farmers are in a vulnerable position...

and square cosmetic pads. According to Helen Groves, Numark brand controller: "Consumers are starting to think a lot more about production methods and supply chains when they buy food and other products. These new products enable our members and their customers to make a choice when buying cotton wool products."

Although the pharmaceutical industry is constrained by the need to use chemicals to manufacture medicines, many suppliers are responding to the environmental debate by reviewing their sourcing of products, reducing carbon emissions and packaging their pills in recyclable materials. They are also making charitable donations, creating jobs in the developing world and joining tree planting schemes.

Boehringer Ingelheim was named earlier this year, for the fifth year running, as one of the UK's 100 best companies to work for in 'The Sunday Times' annual survey and celebrated by planting 1,000 trees through the charity Trees for Life. This represents one tree for each person working for the company in the UK. The trees will help to restore the Caledonian forest in Scotland.

Uwe Weiler, managing director of Boehringer Ingelheim UK, says: "As a company we are committed to addressing social and environmental issues. Last year we recycled 972 tonnes of plastic and 125 tons of paper. This could not have been achieved without the full support and enthusiasm of our employees, so planting a tree for each of them to help further protect our planet seems a fitting tribute."

All of which is evidence that interest in ethical products is not just a passing fad but here to stay, and it could open up another revenue stream for pharmacy.

How to get started

Station Pharmacy

A pharmacy in Liverpool diversified into health foods initially as a consequence of completely refitting and extending its premises. "Obviously we needed to put something in the extra space," jokes pharmacist Christine Cross of Station Pharmacy in Maghull, Merseyside.

"We had had a few requests from customers and we feel we identified a gap in the market as the nearest health food stores are about eight miles in either direction." The bulk of the products sold by the pharmacy are under the Suma brand, but it also stocks Twinings and Clipper teas and products specifically labelled as environmentally friendly such as washing up liquid, laundry bleach, all-purpose cleaner and dishwasher tablets. Sales have been at about £1,000 a month since May 2005. "We've been promoting the items instore through overhead signage and bold displays and have started to advertise in the local press to further increase awareness," says Ms Cross.



Help your asthmatic patients get the right type of pain reliever

Q I know some asthmatics are sensitive to aspirin, so can I recommend ibuprofen instead?

Asthma sufferers with sensitivity to aspirin are also highly likely to react to ibuprofen, so ibuprofen should not be recommended as an alternative without careful questioning. While prevalence rates vary, a recent publication suggests aspirin sensitivity affects around 21% of adult asthmatics, with most of these individuals (98%) also reacting to ibuprofen¹. However, sufferers may not link their asthma attack to the medicine ingested¹, giving pharmacists a key role in helping asthmatics identify whether aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) are a trigger.

Aspirin-sensitive asthmatics tend to have more severe asthma, increased use of corticosteroids, more presentations to hospital and a risk of life-threatening reactions after aspirin or ibuprofen ingestion. Sufferers experience an acute asthma attack 30 minutes to three hours after taking either aspirin or ibuprofen¹¹.

The condition is believed to be caused by inhibition of the cyclooxygenase-1 (COX-1) enzyme, which in turn, causes an increase in the production of cysteinyl leukotrienes, which are potent bronchoconstrictor mediators.¹ This process, known as leukotriene shunting, is the reason aspirin-sensitive asthmatics are advised to avoid all COX-1 inhibiting NSAIDs^{4,5}, such as ibuprofen.

Paracetamol, the active ingredient in Panadol, has a weak COX-1 inhibitory effect. Although a small proportion of aspirin sensitive asthmatics may also react to paracetamol (2%), these reactions tend to be milder and of shorter duration to those induced by aspirin and NSAIDs.

That's why the Global Initiative for Asthma recommends paracetamol, the active ingredient in Panadol, for aspirin-sensitive asthmatics¹.

So make the right choice for aspirin-sensitive asthmatics –
recommend Panadol

"If...you have had asthma symptoms after using aspirin or an NSAID, you should avoid these drugs and use paracetamol or another medicine instead"

- Global Initiative for Asthma

References:

Panadol Tablets (paracetamol) are for the relief of mild-to-moderate pain.

Panadol Tablets Product Information Presentation Each tablet contains 500 mg Uses: Headache including migraine and tension headaches, toothache, backache, rheumatic and muscle pains; pain due to non-herpetic eye conditions, throat and feverishness, symptoms of cold and influenza. Dosage and administration: children, 12 years and over: Two tablets up to four times daily. Not more than 8 tablets in 24 hours. Children 6-12 years: Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without a doctor's advice. Children under 6 years: Not recommended. Do not exceed the stated dose. **Contraindications:** known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver disease or severe hepatic impairment, non-alcoholic fatty liver disease. Caution required in patients taking warfarin or other coagulant anti-coagulants, amiodarone, metoclopramide.

Legal category: P **Product licence holder:** Product licence number: GSK-00000-00000 **Package quantity and FID:** Date of last revision: 11/04

Business indicators

May saw the first evidence of annual sales growth for 17 months, but don't get your hopes up, says Peter Varley

The latest raft of official statistics and business survey results paints a mixed picture of the health of retail pharmacy and of the outlook for consumer spending.

The annual rate of retail sales growth in May grew more strongly overall than had been expected, according to a poll by the CBI. Nine per cent more respondents reported higher volume sales than a year earlier – providing the first evidence of annual growth since December 2004. But competitive pricing in the high street forced more retailers to cut prices, and to slash jobs at the fastest rate in the survey's 23 year history.

Sales volumes were down in May compared with 12 months earlier for a balance of 25 per cent of chemists, the CBI says. This is a sharp reversal on the 61 per cent which had reported higher sales in the year to April. Nonetheless, the three-month average annual growth rate increased marginally to 16 per cent in May, from -10 per cent in March. In May last year 39 per cent of chemists experienced an annual fall in sales.

A separate survey by the British Retail Consortium indicates that total high street sales, on a like-for-like basis, rose by 3.6 per cent in May, against an unusually weak May 2005 when sales dipped by 2.4 per cent.

In the latest three months sales were up by 2.7

per cent compared with a year earlier, but including new selling space they rose by 5.6 per cent, compared with an increase of 1.1 per cent in January.

The BRC says sales of toiletries and cosmetics showed further growth, led by premium skincare and bronzing moisturisers, but the cold, wet weather undermined demand for suncare and hayfever products.

Sales of fragrances are reported to have been slower "with very competitive offers from supermarkets and multiples".

Official figures show that the volume of sales by retailers of pharmaceutical, cosmetic and toilet goods in May was 5 per cent lower than 12 months earlier. This follows a similar fall in the year to April.

In value terms, sales were an estimated 4 per cent lower than in May 2005. In the three months to May the average value of sales was 4 per cent lower than a year earlier, compared with a fall of 6 per cent in the three months to April.

But although overall retail sales in May were pushed by World Cup-related demand to the highest level since January 2005, other indicators are less optimistic.

The growth in consumer credit is continuing to weaken and confidence remains fragile. With

disposable incomes constrained by moderate wage increases, rising utility bills and other household expenses, the likelihood of a significant upturn in consumer spending appears remote.

Further, the last thing the nation's consumers or retailers need is a rise in interest rates. But that seems increasingly on the cards as concern over global inflation begins to mount.

In May the British government's preferred measure of inflation rose to 2.2 per cent, exceeding the official target of 2 per cent for the first time in six months, while the retail price index jumped from 2.6 per cent to 3.0 per cent.

The price index for chemists' goods eased by 0.1 per cent during the month to a level 1.1 per cent up on a year earlier, after an annual rise of 1.7 per cent in April.

Further back in the price pipeline UK manufacturers' input costs rose by nearly 14 per cent in the year to May while their selling prices were up by just 3 per cent.

And, according to accountants BDO Stoy Hayward, the oil price hike of the last six months will have added around £469 million to the cost of retail distribution and wholesale distributors will have been faced with an extra £708m in fuel costs.




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Hu D et al, J Clin Dent 2004; 15(1): 6–10.
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PRODUCT INFORMATION. Product Summary: Trade Name of the Medicinal Product: Colgate Sensitive Fresh Stripe. Indication: Prevention and treatment of teeth sensitivity and caries. Contraindications: There are no known contraindications. Do not use in patients who are known to be sensitive to any of the ingredients. Special Warnings and Precautions for Use: There are no special warnings and precautions. The product is used in the same way as a regular toothpaste. Children under 7 use a pea-sized amount for supervised brushing to minimise swallowing. If using fluoride supplements consult your dentist. Interactions with Other

Medicaments and Other Forms of Interaction: There are no known interactions with other drugs. It is important to note that as for any fluoride containing toothpaste, in children under systemic fluoride therapy, it is important to evaluate the total exposure to fluoride (fluorosis). Undesirable Effects: None described. Legal Class: GSL. Product Licence Number: PL 00049 0031. Product Licence Holder: Colgate-Palmolive (UK) Ltd, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 8JZ. Recommended Retail Price: £3.59 (50ml tube), £2.15 (75ml tube), £2.79 (100ml pump). Date of (Partial) Revision of the Text: 17 March 2004.

The Change Challenge

This article introduces a series that looks at some of the challenges facing pharmacists in delivering patient care in today's practice environment, and at how these challenges can be met.

Changes in practice are needed if pharmacists are to make the most of the opportunities in the new contracts. Providing new patient services is likely to require change in working practices.

Through this series of articles we hope that pharmacists, as healthcare professionals and as business managers, will be better equipped to manage the significant 'change challenge' currently facing us.

This first article in the series assesses the process of change. Subsequent articles will take a practical approach to overcoming specific barriers to change in the pharmacy.

Terry Maguire

Change is difficult, irrespective of the context in which it occurs. It is difficult for a smoker who has suffered a heart attack and now finds he has to stop smoking. Likewise change is difficult for an independent pharmacy business that finds its local surgery plans a move out of town, which might put the pharmacy out of business.

In these examples there is a clearly identified need for change. Keeping things as they are is not an option for the smoker or the pharmacy business. But is it best only to address change when we find we have no option but to do it? All pharmacies across the UK are faced with the need to change so that each can benefit from the new pharmacy contracts, yet few of us are addressing this 'change challenge'.

Organisational change

The "Stages of Change" model has been modified to a useful six-step model (McClennahan, J. King's Fund).

- Awareness of the possibility of change
- Recognition of the need for change
- Preparation
- Action
- Maintenance
- Handling relapse (dealing with resistance)

Awareness of the possibility of change

"If you don't know where you're going how do you know when you get there?"

Changing only when a problem is identified is extremely inefficient, if not dangerous, for a business. It is much better to appreciate that



change is a constant: at certain times it will be more intense than at others, but change should be managed continually within any business.

As a profession, pharmacy has created its own vision over many years. To survive long term pharmacists have needed to focus their skills on medicines management and self-care, and improving patient care. Pharmacy in a New Age (from the Royal Pharmaceutical Society) articulated what the profession wished to become. But the pharmacy profession is not a corporation with a clearly defined organisational structure: each business is managed differently and this presents a particular change challenge.

Our profession's leaders recognised the need for a change in the way pharmacies provide services and have successfully convinced government of this, but they have been less successful in convincing their fellow pharmacists. The new pharmacy contracts in the UK represent major drivers for change. They reflect the direction of travel for community pharmacy: pharmacy businesses need to adapt to benefit fully from this new business and professional environment. This, in turn, will provide patient benefits.

Recognition of the need for change
Pharmacists need to consider how their businesses might become committed emotionally to this need for change. Analysis will identify the problems and consequences of not changing. With emotional recognition change is much more likely to be successful within the organisation.

All businesses have to constantly assess the environment or market in which they operate. SWOT (strengths, weaknesses, opportunities and threats) and PEST (political, economic/environmental, social and technological) analyses are useful, objective ways of doing this (see



figure 1). The output of these analyses is the creation or verification of a mission statement and a vision statement.

Mission defines the purpose of the business, while vision builds on this to define where the business wants to get to. Decision on the content of these statements is a responsibility of management but requires consultation with front-line staff as it is they who ultimately must deliver the change.

Mission and vision statements articulate the direction of the business. Without direction, organisations can become rudderless, responding to short term gains but, sadly, creating long term difficulties.

Preparation for change and action

Visions and missions by their nature are macro-statements. To define what they mean in reality a

CASE STUDY

My situation

I own two pharmacies and have been in business for 20 years. I employ a full-time pharmacist manager and have 10 part-time counter assistants. Each assistant has completed a medicines counter assistant's training course. Financially the business has done well and I enjoy serving my local community. Competition from other retailers has become more aggressive in recent years, particularly as a number of large shopping centres are springing up around me. The new pharmacy contract, with greater focus on patient care and health improvement, will require me to change my business model if I am going to fully benefit financially.

CASE STUDY

My mission and vision statements

Business Mission:
To optimise our customers' health through the promotion of safe, effective and rational medicine use, provision of health advice and monitoring of disease within a profitable business enterprise.

Business Vision:
To have an exclusive healthcare orientation within a profitable business enterprise and be the preferred choice for medicines, medical devices and healthcare advice for healthcare professionals and patients.



business plan is required, outlining the steps the business must undertake, and a time frame. This requires setting SMART objectives: specific, measurable, achievable, relevant and timed.

For example, a pharmacist might identify one business objective for 2007 as:

"To enrol 50 smokers into the smoking cessation service and achieve a 50 per cent success rate at four weeks."

Achieving this objective will require consideration of current business systems. For example, the pharmacist will need to address time management within his business (time management will be covered in the next article in this series).

New systems may be needed to support the safe operation of the business and there is a need to consider how the pharmacy staff can help support the change by considering the skill mix in the pharmacy (these issues will be examined in the third article).

It is foolish to think that change will just happen.

CASE STUDY

Resistance to change

One member of staff who has been working for me for 10 years appeared to resent my wish to train all staff in NVQ Level 3 Dispensing. She felt that only she should have this training as she was senior to the others. This was an issue that came out of her annual appraisal. It was agreed that her pay differential would remain and she would be trained in providing elements of the smoking cessation service. In this way her performance, which had dropped, improved.

The scale of change required in pharmacy practice at present needs careful planning and monitoring. This is the 'change challenge'.

Maintenance and dealing with resistance to change

The manager's job, as a leader, is to implement the elements of the business plan. This will only happen through others. Effort needs to be expended in reducing the barriers to change by predicting them and addressing them as they appear. A manager manages processes but leads people.

Leadership skills are essential in bringing about change. The leader motivates others to remain true to the mission and committed to the vision (see the third article).

Generally speaking, individuals don't like change.

About the author

Dr Terry Maguire

Dr Maguire owns and runs two community pharmacies in Belfast. He is a past-president of PSNI and is current vice-chair of PharmacyHealthLink.

He is chair of the Community Pharmacy Working Group. This group is facilitated by GlaxoSmithKline to help promote best practice in the implementation of new pharmacy services to improve patient outcomes.

People may, for example, feel that change is being imposed rather than discussed, and they may feel threatened by the proposals. It is therefore essential that

- Staff are involved in discussions about the change – they need to feel they have been consulted or may worry that something has been overlooked that will make the new way of working less beneficial for them.
- Staff understand why change is taking place now.
- Staff have the opportunity to discuss any concerns they have about the forthcoming changes.

Staff will be willing to change the way they work if they can be convinced that change is possible and there will be a benefit to them for doing so.

Key actions

1. Objectively identify and emotionally commit to the need for change.
2. Have a clear view of why your business exists and where it is going.
3. Set a business plan and monitor its implementation.
4. Value your support staff and consider your skills mix.
5. See the bigger picture, not just the day-to-day operation of the business



This article is supported by GlaxoSmithKline

Figure 1: SWOT analysis of Tony Maguire's pharmacy business

STRENGTHS

Community focus
Professional status
Quality service
Time management
Good motivated staff

WEAKNESSES

Staff training is basic
Few SOPs in place
No business plan
Little GP collaboration
No contact with PCO

OPPORTUNITIES

Smoking cessation
Minor ailments
Managing your medicines
Prescribing advice to GPs

THREATS

Shopping centres
GPs taking on services
Loss of residential homes business

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C+D clinical

Come fly with me

The threat of avian flu makes hygiene particularly important in bird care, explains C+D's final veterinary pharmacy article

Michael Jepson

It is often said: "It is not what you know, but who you know." This is probably particularly true when asked questions relating to health and disease problems of cage birds.

Nevertheless, a sound starting point can be to check that adequate attention is paid to maintaining effective standards of hygiene. This should apply to:

- All aspects of handlers' personal hygiene, including hand washing after touching birds.
- Food and water dispensers.
- Quarantining sick birds as appropriate.
- Monitoring of all new birds — if imported, they should have been quarantined.
- Preventing or minimising risks of disease transmission from wild bird and rodent droppings or faeces.

This last point relates particularly to concerns about avian influenza. Pharmacists have an important opportunity to help customers better understand the public health issues surrounding all pets, not just birds. Several cats have recently been found to be infected with the avian flu virus as a result of eating infected wild birds. The DEFRA and Royal Pigeon Racing Association websites are regularly updated on this.^{1,2}

Like any domestic pet, pigeons and cage birds are affected by various endo- and ectoparasites as well as the microbes that infect most forms of life. An estimated 10 million pigeons are kept for racing or show by about a quarter of a million pigeon fanciers (owners). This is in addition to those raised for meat production.

Diagnosis and treatment of pigeons and cage birds by a veterinarian depends on the birds being under his or her care and requires particular specialist interest and knowledge. It can be useful for enquirers to contact a veterinary practice with that special expertise and the Royal College of Veterinary Surgeons may be able to help.³

Pigeon fanciers tend to be keen and acute observers of their birds and pigeon clubs act as an important focus for sharing knowledge and experience. Many cage bird owners may lack such knowledge and experience and consequently fail to recognise early symptoms. Pigeon fanciers are more geographically scattered than is generally realised and

In the UK around 10 million pigeons are kept by an estimated 250,000 pigeon fanciers. Pharmacists are ideally placed to advise on vaccination schedules for the birds



telephone directories may give details of local clubs. About one million birds are raced each weekend during the season from Easter to mid-September; gone are the days when baskets of pigeons were a common sight on railway platforms as nowadays most are transported by road.

Races are grouped into three categories:

- Sprint or short distance — up to about 250 miles.
- Middle distance — 250 to 400 miles.
- Long distance — 500 to 700 miles.

The terms "flying north road" and "flying south road" indicate the direction in which the birds were transported to the race starting

point. For example, if birds from the Midlands were transported to Scotland and liberated to fly back to the Midlands, they would be called "north road birds". Similarly, birds taken to France or Spain to fly back to the UK would be called "south road birds". However, because of the spread of avian flu through Europe, there are restrictions on some long distance pigeon racing, details of which can be found on the websites previously mentioned



This article can be found in the following CPD competencies:
G1i, G1s, C1f
www.tinyurl.co

Pharmacy update

The pigeon year

To know how best to sustain the optimum health of domesticated pigeons, it is necessary to have a basic understanding of the pigeon year, which can be divided into six periods:

1. Wintering.
2. Pairing-up.
3. Breeding.
4. Training and racing old birds.
5. Training and racing young birds.
6. Moult⁴.

The pigeon year facilitates a planned programme for medication, vaccination and food supplements appropriate to the requirements of birds that are breeding, racing or moulting, on which the Royal Pharmaceutical Society and Royal Pigeon Racing Association publish free leaflets.^{2,5} Pigeon fanciers are often prepared to lavish much care and attention on their birds, especially champion racers or breeding stock when a single bird may be valued at several thousand pounds. The value of the medicines, equipment and feed market is estimated to be well over £20 million a year.

Common diseases of pigeons

One condition frequently seen in pigeon flocks is loose or watery droppings. It may be a symptom of many diseases or infections including those caused by roundworm infestation, protozoa responsible for coccidiosis and trichomoniasis (canker), salmonellosis or paramyxovirus. Mixed infections are common. As well as appropriate therapy, supportive care and loft hygiene are most important in eradicating the causative organisms. The risk of spreading an infection must be addressed. Keeping stress to a minimum is also crucial, as birds suffering from stress are more prone to disease.

Regular prophylaxis for pigeons

Pigeons, in particular, are subject to three parasites for which routine prevention is necessary, namely coccidiosis, trichomoniasis (canker), and gastrointestinal roundworms. Several authorised veterinary medicinal products, available for routine administration, may be supplied through pharmacies and are detailed in the Veterinary Formulary and on the websites of NOAH and of the Veterinary Medicines Directorate (VMD).^{6,7,8} Several are listed in Table 1.

Changes in veterinary medicine classification came into force in November 2005 and were detailed in previous articles in this series. At present the relevant products formerly classified as POM-VLM and available through pharmacies as non-food animals are classed as NFA/VPS. For example, authorised veterinary medicines are classified as AVM-GSL to aid identification from medicines authorised for human use only. It will be some time before all manufacturers' labels reflect these designated changes, and few if any medicinal products have been reclassified to date. If

Table 1: Preparations for pigeons

Indication	Active ingredient	Product (manufacturer)	Legal class
Coccidiosis	Amprolium Clazuril	Coxoid Liquid (Harkers) Appertex Tablets (Harkers)	AVM-GSL AVM-GSL
Trichomoniasis (canker)	Carnidazole Dimetridazole	Spartrix Tablets (Harkers) Harkancer Soluble (Harkers)	AVM-GSL AVM-GSL
GI roundworms	Febantel Piperazine	Avicas (Oropharma) Biozine Powder (Harkers)	NFA-VPS AVM-GSL
Immunisation vaccine against paramyxovirus disease	For primary and booster of healthy birds (antigen strain P201, for active immunisation of healthy birds)	Colombovac PMV (Fort Dodge) Nobilis Paramyxo P201 (Intervet) by subcutaneous injection	NFA-VPS NFA-VPS
Combination vaccination against viral paramyxovirus and pigeon pox	Pigeon pox vaccine by brushed application	Colombovac PMV/Pox (Fort Dodge) combination pack, vaccines in 2 vials	NFA-VPS
Loft hygiene insecticide	Malathion	Duramitex (Harkers)	

The new 2006 edition of the NPA's Animal Medicines Resource Pack includes details of suppliers, wholesalers and manufacturers.

unsure, check with the VMD website.⁸

A typical loft will contain 30 to 100 birds and individual treatment for parasite infection control may be neither practical nor appropriate. Most group medication is given in the drinking water and a typical pigeon consumes about 50ml per day, although this varies according to the season, clinical condition and whether feeding nestlings.

Vaccination

All pigeons entered for races or shows must be vaccinated against pigeon paramyxovirus 1 (PMV-1), which is a notifiable disease. The condition, which can cause profuse green diarrhoea, marked nervous signs and mortality especially in young birds, is one of the group of closely related avian viruses causing Newcastle disease. The two inactivated vaccines currently authorised are available from pharmacies, as shown in Table 1. A booster vaccination should be given every 12 months. Pharmacists are in a position to supply vaccination record cards, advise and provide information on appropriate injection sites and optimum age for primary vaccination.

Health advice for pigeon fanciers should include avoiding putting their fingers anywhere near their eyes when handling live vaccine or sick birds to avoid the risk of conjunctivitis. Annual vaccination against pigeon-pox also uses a NFA-VPS product (Table 1) which is given in the three months outside the racing season (September 30 to December 31).

Cage birds

Pharmacists can do rather less for cage birds. Exotic birds, such as parrots, canaries and budgerigars, tend to have widely differing metabolisms. This makes treating their health problems more difficult, especially in the general absence of medicinal products authorised for use in these various species.

Feeding, husbandry and stress are often directly associated with their ill health and should be carefully assessed initially, as birds are remarkably good at hiding their illnesses, thanks to their survival instinct.

Veterinary surgeons may frequently have to resort to the prescribing cascade (as previously explained in this series and in the

The Royal Pharmaceutical Society offers a Certificate in Companion Animal Care by distance learning and with flexible timing. Following on from this is the Diploma in Veterinary Pharmacy, which includes livestock health and husbandry. The diploma, now in its 25th year, involves a week's intensive residential course and successful completion is recognised by the designated letters DVetPharm. Further details are available at www.rpsgb.org/members/society/vpg, by telephoning the Veterinary Pharmacists' Group on 0207 572 2409 or emailing lorraine.fearon@rpsgb.org



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250-9669	VP088	Selenium + A, C & E	OAD	30s	Tabs	6	£0.99	£3.54
258-0553	VP354	Multi Vitamins & Minerals	OAD	30s	Tabs	6	£0.99	£3.54
250-9289	VP026	Odourless Garlic Oil	2mg	60s	Caps	6	£0.99	£3.54
250-9206	VP033	Cod Liver Oil	400mg	60s	Caps	6	£0.99	£3.54
280-7956	VP583	Cod Liver Oil - High Strength	550mg	30s	Caps	6	£0.99	£3.54
250-9651	VP040	Multi Vitamins & Iron	OAD	80s	Tabs	6	£0.99	£3.54
228-9502	VP361#	Multi Vitamins	OAD	80s	Tabs	6	£0.99	£3.54
250-9644	VP057	Chewable Vitamin C	120mg	60s	Tabs	6	£0.99	£3.54
258-7335	VP095	Vitamin B Complex	OAD	60s	Tabs	6	£0.99	£3.54
250-9628	VP064	Vitamin B6	10mg	60s	Tabs	6	£0.99	£3.54
250-9610	VP101#	Calcium with Vitamin D	400mg	40s	Tabs	6	£0.99	£3.54
250-9693	VP347	Folic Acid	400mcg	90s	Tabs	6	£0.99	£3.54
271-0531	VP535	Magnesium	150mg	30s	Tabs	6	£0.99	£3.54
271-0556	VP559	Brewers Yeast	300mg	180s	Tabs	6	£0.99	£3.54
271-0564	VP566	Sea Kelp	300mg	90s	Tabs	6	£0.99	£3.54
271-0572	VP573	Zinc Gluconate	15mg	60s	Tabs	6	£0.99	£3.54
N/A	VP999	Starter Pack	—	—	18 x 6	£0.99	£67.26	
SUPPLEMENTS								
285-5179	VP733	Glucosamine Sulphate	500mg	30s	Tabs	6	£1.49	£5.04
285-5187	VP740	Glucosamine & Chondroitin	400/100mg	30s	Tabs	6	£1.49	£5.04
285-5195	VP757	Royal Jelly	150mg	30s	Caps	6	£1.49	£5.04
285-5211	VP771	Chewable Vitamin C	500mg	30s	Tabs	6	£1.49	£5.04
285-5245	VP795	Starflower Oil	500mg	30s	Caps	6	£1.49	£5.04
285-5302	VP801	Omega 3 Fish Oil	1000mg	30s	Caps	6	£1.49	£5.04
288-6802	VP832	Lecithin	1200mg	30s	Caps	6	£1.49	£5.04
294-2845	VP150	Cod Liver Oil	1000mg	30s	Caps	6	£1.49	£5.04
294-2852	VP167	Evening Primrose Oil	1000mg	30s	Caps	6	£1.49	£5.04
HERBALS								
285-5070	VP634	Aloe Vera	6000mg	30s	Tabs	6	£0.99	£3.78
285-5088	VP641	Devils Claw	750mg	30s	Tabs	6	£0.99	£3.78
285-5096	VP658	Cranberry	2000mg	30s	Tabs	6	£0.99	£3.78
285-5104	VP665	Echinacea	400mg	30s	Tabs	6	£0.99	£3.78
285-5112	VP672	Ginkgo Biloba	6000mg	30s	Tabs	6	£0.99	£3.78
285-5120	VP689	Korean Ginseng	600mg	30s	Tabs	6	£0.99	£3.78
285-5153	VP719	St John's Wort	1000mg	30s	Tabs	6	£0.99	£3.78
288-6836	VP856	Milk Thistle	100mg	30s	Tabs	6	£0.99	£3.78
N/A	BR548	Popular Herbal Remedies	Book	—	6	£2.99	£12.02	
BIGGER PACKS BETTER VALUE								
251-0089	VP163	Evening Primrose Oil	500mg	90s	Caps	6	£2.49	£8.88
251-0022	VP132	Cod Liver Oil	400mg	180s	Caps	6	£2.49	£8.88
292-2235	VP075	Cod Liver Oil - High Strength	550mg	90s	Caps	6	£2.49	£8.88
251-0014	VP149	Multi Vitamins & Iron	OAD	180s	Tabs	6	£2.49	£8.88
258-0579	VP385	Multi Vitamins	OAD	90s	Tabs	6	£2.49	£8.88
251-0055	VP125	Odourless Garlic Oil	2mg	180s	Caps	6	£2.49	£8.88
250-9743	VP156	Chewable Vitamin C	120mg	90s	Tabs	6	£2.49	£8.88
258-7343	VP378	Multi Vitamins & Minerals	OAD	90s	Tabs	6	£2.49	£8.88
251-0071	VP170	Vitamin E	100iu	90s	Caps	6	£2.49	£8.88
288-7040	VP941	Echinacea	400mg	90s	Tabs	6	£2.49	£9.30
288-7057	VP958	Ginkgo Biloba	6000mg	90s	Tabs	6	£2.49	£9.30
288-7073	VP013	St John's Wort	1000mg	90s	Tabs	6	£2.49	£9.30
288-7081	VP020	Glucosamine Sulphate	500mg	90s	Tabs	6	£3.99	£13.62
288-7099	VP037	Glucosamine Chondroitin	400/100mg	90s	Tabs	6	£3.99	£13.62
288-7115	VP051	Omega 3 Fish Oil	1000mg	90s	Caps	6	£3.99	£13.62
FAMILY PACKS								
316-6436	VP098	Omega 3 Fish Oil	1000mg	180s	Caps	3	£7.49	£13.36
250-9461	VP118	Evening Primrose Oil	500mg	180s	Caps	3	£4.49	£8.01
250-9529	VP231	Cod Liver Oil	400mg	365s	Caps	3	£4.49	£8.01
250-9511	VP029	Multi Vitamins	OAD	365s	Tabs	3	£4.49	£8.01
250-9503	VP012	Chewable Vitamin C	120mg	365s	Tabs	3	£4.49	£8.01

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Pharmacy update

MEP Guide) to keep within the law and prescribe medicines authorised only for poultry or, failing that, for human use only.⁹ This procedure can be difficult regarding suitable and safe dosage as well as liability issues, and pharmacists will most likely need to check prescription details carefully and confirm them with the vet.

The pharmacist's contribution

Keeping racing and show pigeons should not be seen only as a long established hobby in former mining districts but as a national activity for a dedicated, enthusiastic, wide-ranging group of people.

Pigeon fanciers invest much time, money and extensive expertise. Pharmacists, as community health professionals, are in a position to offer their support as for other bird and pet owners and advise about such matters as medication dosage and administration. Therefore all birds should be weighed before being medicated — visual estimation can be grossly inaccurate (see Table 2).

Table 2: Weight ranges of adult birds for drug dosage guidance⁶

Species	Adult body weight
Pigeon	350-500g
Canary	12-29g
Budgerigar	30-85g
Parrot, Amazon	250-500g

In addition, pharmacists can advise about:

- The careful measurement of an oral powder to be added to drinking water.
- The unsuitability of galvanised drinking water dispensers for preparations containing substances such as citric acid or copper sulphate.
- That unused medicated water must not contaminate water courses, ditches or drains. In practice, very little medicated water is left unused, and small quantities of routine cleaning water could safely

be poured on to the garden.

Authorised companion animal medicinal products, which include those authorised for birds, do not have food chain implications, such as maximum residue levels or medication withholding times. They have the business advantage of being paid for at the time of sale, which is of potential relevance to almost all pharmacies.

The Veterinary Formulary also provides details on drug administration and parasiticide therapy, which complements data sheet information.^{6,7}

Dr Michael Jepson BPharm, MSc, PhD, MInstPkg(Dip), MCPP, FIPharmM, DHMSA, MCPA, MTOPRA(hon), is a visiting fellow at Aston University and a former head of pharmacy practice in the School of Pharmacy. He has been course director of the RPSGB veterinary pharmacy postgraduate programme since 1981, a member of the Advisory Committee of the Veterinary Formulary (current 6th edition) and a member of the Veterinary Products Committee 1994-2001.

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Key points

- Monitoring effective standards of hygiene and preventing disease transmission are of crucial importance in the care of cage birds.
- The pigeon year is divided into six periods, resulting in a planned programme of medication, vaccination and food supplements, according to whether the birds are breeding, racing or moulting.
- In pigeons, routine prophylaxis is necessary for roundworms, coccidiosis and canker.
- Racing and show pigeons must be vaccinated against paramyxovirus¹ notifiable disease.
- Pharmacists can advise on dose and how to administer medicines.

Continuing professional development

Reflect

Do you know what "flying north road means?" Or that, for racing pigeons, a "sprint" – or short distance race – could be as far as 250 miles? Some of the one million birds that are raced every weekend in the summer could be flying overhead right now. The chances are that, if you live in an area not traditionally associated with pigeon racing, the intricacies of the sport will be a complete mystery to you. But, with growing concerns about avian flu, owners of pigeons and cage birds may come to you for advice about hygiene. Would you be able to answer their question?

Plan

There are a quarter of a million or so pigeon fanciers in the UK. Check your Yellow Pages and the Royal Pigeon Racing Association website (www.rpra.org) to see if there are any organisations in your area and investigate whether it would be worth your while getting more involved. If you read this article you will be more aware of the crucial need for hygiene and minimising stress, the pigeon year, advice you might be able to give to owners, and sources of further information.

Act

- Read the relevant sections of reference four (Kayne, SB, Jepson, MH: Veterinary Pharmacy 2004 London, Pharmaceutical Press).
- Look up the websites mentioned in references one and two (www.defra.gov.uk and www.rpra.org) to find out more about pigeons and the latest racing restrictions resulting from bird flu.

Evaluate

Do you feel you know all you need to know about caring for pigeons and cage birds? If not do some more research, eg by looking at relevant sections of reference six (The Veterinary Formulary, London. Pharmaceutical Press) and the National Office of Animal Health website, reference seven (www.noah.co.uk)

Clinical news

GPs failing to give OP patients enough information

GPs are failing to provide osteoporosis patients with the information they need to take their medication correctly.

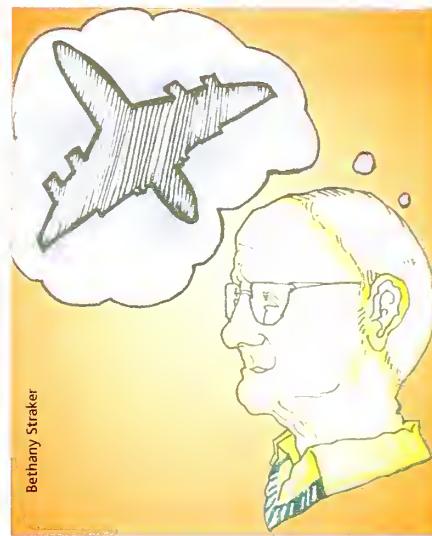
A survey of 100 GPs and 100 patients found huge differences between the bisphosphonate advice GPs believed they gave, and patients' understanding of their therapy.

The findings of the independent research (funded by GlaxoSmithKline and Roche) are published in the "Real Life: Cracks in osteoporosis care" report, and were revealed at this week's National Osteoporosis Society annual conference. The results include:

- Ninety per cent of GPs think most of their patients stay on treatment until told to stop, whereas up to half of patients discontinue their bisphosphonate within a year.
- Most GPs think that fear of broken bones motivates treatment adherence, though patients say they are more likely to be motivated by the idea of doing something positive to prevent fractures.
- Ten per cent of GPs do not think there are any specific dosing instructions for bisphosphonates. Pharmacists are among the healthcare professionals who could aid compliance with treatment by providing information and monitoring.



A Practical Approach...



"Here are both your and your wife's prescriptions, Mr Graham. I see you're stocking up a bit," says pharmacist David Spencer as he hands over two bags of medicines.

"Yes, we're off for a six week trip to New Zealand to visit our son and his family," Mr Graham replies. "We're really excited – at that distance we can't get out to see them as often as we'd like. We've actually got a few questions about the travelling that I thought you could help us with."

"I hope so," says David. "Fire away."

"First of all, my wife needs something for travel sickness. She wants something effective, of course, but it mustn't react with her medicines, make her groggy – we'll be tired enough at the end of that 22 hour flight – or need to be taken too often. She usually uses cinnarizine, but is there anything better? She read in a magazine about ginger being good."

"Anything else?" asks David, remembering that Mrs Graham takes bendroflumethiazide and perindopril for hypertension.

"Yes. I get awful pain in my ears when we land and they feel blocked afterwards. Is there something I can take for that or anything I can do?"

"Any other questions?" says David, recalling that Mr Graham takes finasteride for BPH and ranitidine, when required, for intermittent gastro-oesophageal reflux.

"Just one more. You hear a lot about this DVT caused by flying. Are those flight socks any good?"

Question

- How should David answer Mr Graham's questions?



This article can help in the following CPD competencies: G1a, G1d, C1f, C3b, C2a. See www.tinyurl.com/194zu

A practical approach... last week's answers

1. Loperamide can be used to treat non-specific acute diarrhoea in dogs, but proprietary OTC products are licensed for human use only, not animals. The medication could be supplied by a pharmacist only if authorised by a vet and labelled 'For veterinary use', but as a vet would be taking clinical responsibility for the supply, he or she would probably want to see the dog first and would be likely to make a direct supply. If a

pharmacy supply is made on the authorisation of a vet, a record should be kept.

2. Pharmacists are prevented by the Veterinary Surgeons Act 1966 from diagnosing disease in animals. However, owners may diagnose illnesses in their pets and then pharmacists may recommend treatment – if there is one available licensed for sale over the counter for the animal – and give advice.

Oral anticoagulation better than antiplatelet agents

Oral anticoagulation therapy (OAT) is superior to clopidogrel plus aspirin for preventing vascular events in high risk patients with atrial fibrillation (AF).

A paper in *The Lancet* has described the international ACTIVE W study (Atrial fibrillation Clopidogrel Trial with Irbesartan for prevention of Vascular Events). This compared the use of clopidogrel 75mg in combination with aspirin 75–100mg to the use of vitamin K antagonists such as warfarin. Patients were regularly monitored with INRs measured at least monthly.

The researchers' conclusions were driven "largely by higher rates of stroke and non-CNS systematic embolus with clopidogrel plus aspirin". As these conditions are thought to result predominantly from cardiac thrombus

formation in AF patients, it suggested OAT is particularly effective against left atrial thrombosis, said the paper. Also, the results pointed to platelet activation not being the predominant pathway in stroke pathogenesis.

The study found "slightly fewer" vascular deaths with OAT compared to clopidogrel plus aspirin, but added: "This trend was offset by a similar increase in non-vascular deaths." The authors also pointed out that the event rate on clopidogrel plus aspirin was much lower than observed previously with aspirin alone, although further investigation is needed.

For more information:

The Lancet 2006; 367: 1903–1912
www.thelancet.com

Pedometers not as good as hoped

Researchers have warned against advocating the use of inexpensive pedometers as a public health measure.

A team of 35 volunteers in Belgium tested almost 1,000 step counters – both cheap and sophisticated – over a period of six days. Only one in four of the cheap models recorded figures within 10 per cent of the expensive automated version, and in more than a third the variation was greater than 50 per cent, with many overestimating the number of steps taken. Among the movements noted by participants to add to their daily step count were sitting down, bending and kneeling.

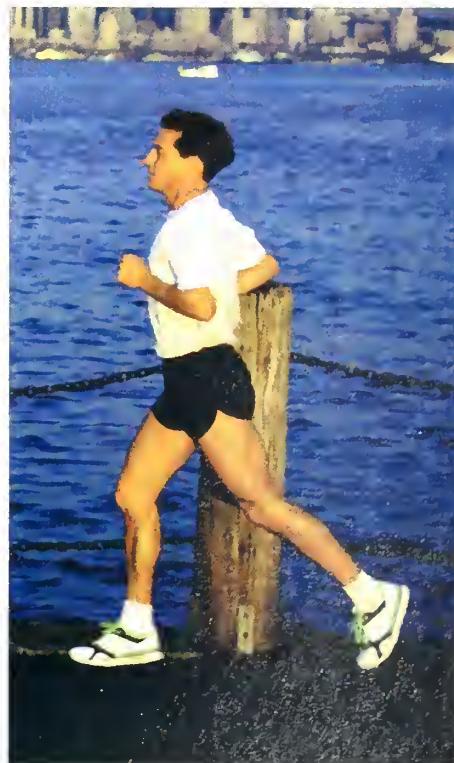
Writing in the 'British Journal of Sports Medicine', the authors say erroneous readings may make users think they are maintaining a healthy lifestyle when this is not the case. Although they support the wide use of pedometers, they call for the introduction of a quality label to ensure all models meet validity, accuracy and reliability standards.

For more information:
www.bjsportmed.com

Metformin adds no benefit in PCOS

Adding metformin to clomifene citrate offers no additional benefit for women with newly diagnosed polycystic ovary syndrome (PCOS).

A randomised trial considered 228 women with PCOS who took either clomifene with metformin or clomifene on its own. Ovulation was reported in fewer women taking the additional metformin (64 per cent compared with 72 per cent in the control group), and there was no significant difference in the rate



of ongoing pregnancy or spontaneous abortion. The Dutch study also noted that more women in the metformin group discontinued treatment because of the side effects, and concluded that the two drugs should not be used together as first line treatment.

For more information:
BMJ 2006; 332: 1485–8

In brief

Generic ondansetron

Generic versions of ondansetron have been launched in tablets and injectable formats. Tablets in 4mg (packs of 30) and 8mg (packs of 10) strengths and 2mg/ml injection in 4mg/2ml and 8mg/4ml ampoule sizes (packs of five) are available. At the time of going to press, Pliva, Cardinal Health, Martindale, Teva, Ixax, Generics UK, Beacon Pharmaceuticals and Ratiopharm had confirmed launches. Ondansetron is indicated for the management of nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy, and for the prevention of post-operative nausea and vomiting.

Kerraboot 'White'

The opaque 'White' version of Kerraboot may now be prescribed on the NHS. The product, which is designed to promote the healing of diabetic foot ulcers, is available in four sizes (XS, S, L and XL) and a 'Clear' version. For more information contact Ark Therapeutics on 020 7388 7722.

Evorel Pak discontinued

The combination hormone replacement therapy Evorel Pak is being discontinued. However, Janssen-Cilag has reminded healthcare professionals that the products contained in the pack are available individually. Therefore, patients can be assured treatment continuity by being prescribed both Evorel 50 patches (oestradiol) and Micronor 1mg tablets (norethisterone). For more information, contact Janssen-Cilag on 01494 567567.

Adartrel pack size clarification

Adartrel, GlaxoSmithKline's new restless legs syndrome drug, has not been launched in 84-tablet packs as stated in C+D, May 20, p30. The company says this is due to "anticipated low demand". For more information, see Pricelist.

Discontinuations

Novartis Pharmaceuticals has discontinued Ludomil 25mg tablets (maprotiline hydrochloride) for commercial reasons. Further information is available from medical information on 01276 698370.

Bristol-Myers Squibb is withdrawing Cefz (cefprozil) preparations in the UK for commercial reasons. Affected products include the 250mg and 500mg tablets, 125mg/5ml and 250mg/5ml oral suspensions. For more information, the medical information department 0800 731 1736.

Lightning strikes again for GSK



Solpadeine has been given a new look by manufacturer GlaxoSmithKline. Alongside, the range has been rationalised to come into line with new MHRA guidelines on pack sizes of codeine-containing pain relievers.

A codeine warning has been added to boxes, advising users to consult a doctor or pharmacist if the medicine is needed for more than three days and highlighting the possibility of addiction.

The lightning graphic, last seen on packs in 2000, has returned, a symbol said to be synonymous with the brand's powerful pain relief positioning. The pharmacy formula legend and graphics of delivery formats are retained.

Solpadeine Plus tablets and capsules come in the existing 32 size with a 16 variant added across all formats and 32s added for solubles; other pack sizes are being phased out. Solpadeine Max remains in 20s and 30s and Migraine in 24s.

Point of sale activity is planned for later in the year, says GSK.

Product info:
GlaxoSmithKline
Tel: 0845 762 6637

Prices and Pip codes: Plus 16s solubles 322-2320, tablets 322-2312, capsules 322-2296, all £2.99; Plus 32s solubles 322-2353, £4.99

Active treatment for GI upsets

Norit activated charcoal capsules (200mg) have been launched by Galpharm to relieve diarrhoea and stomach upsets. It can be taken by adults and children, says the company. Three or four should be taken at a time with water, up to a maximum of 12 in a day.

Due to its manufacturing process, activated charcoal has a large surface area. The capsules do not blacken the hands or teeth, says Galpharm.

Product info:
The Miles Group
Tel: 01484 536344

Price: £2.99/30
Pip code: 322-9366



NiQuitin ads allay weight gain worries

Women are the target audience for radio and online advertising for NiQuitin CQ this summer. Aiming to encourage more women to quit, the £1.2 million campaign focuses on controlling weight while quitting with the NiQuitin CQ 4mg mint lozenge.

Stations including Magic and Capital Gold FM will run two executions featuring an ex-smoker called Eileen who used the product while quitting. The ads began in mid-June and will run for six weeks. Meanwhile, popular websites with a high proportion of female users such as i-village and ITV.com will carry the online ads.

NiQuitin CQ research has found 76 per cent of women who want to quit



smoking are concerned they will gain weight and many (68 per cent) put off quitting as a result.

Product info:
GlaxoSmithKline
Tel: 0800 100 9997

Products in brief

AAH backs Planet Earth

Availability of household and toiletries brand Planet Earth is set to improve following a deal to be listed with wholesaler AAH Pharmaceuticals.

There are eight products in the range: two fragrances each of air freshener, shower gel, shampoo and conditioner. Planet Earth says 25 per cent of its profits are donated to environmental and conservation charities, chosen by its customers. See p24 for our Ethical Shopper feature.

AAH Pharmaceuticals
Tel: 024 7643 2000

For sores of motion

Newtons has launched a footcare products range containing natural ingredients. The Chiropody sponge can be used to remove corns, calluses and rough skin. The rest of the range is exclusive to Boots and includes a deodorising foot spray, heel repair cream, pumice scrub and deep crack repair wand.

Newtons
Tel: 020 8614 4700

BP facts

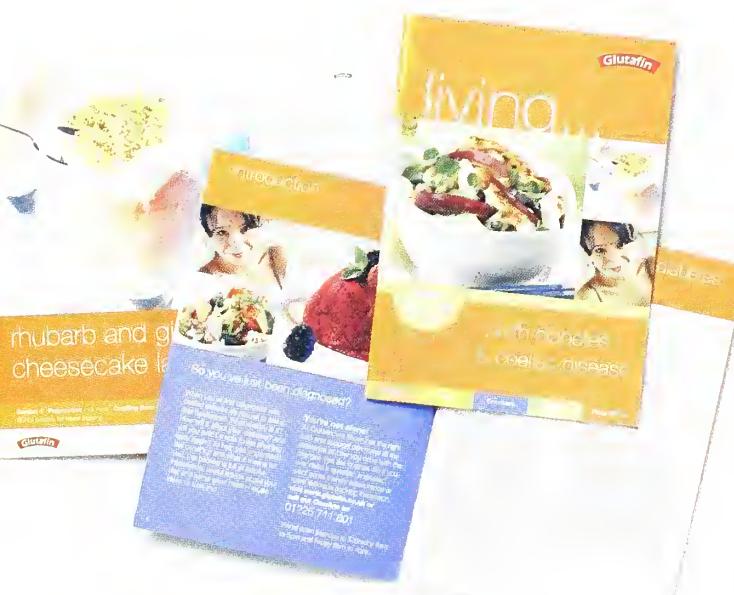
A new edition of the Family Doctor book 'Understanding blood pressure' is now available.

Price: £4.75
Pip code: 322-3856
Family Doctor Publications
Tel: 01202 668330

Product info:
Alberto-Culver
Tel: 01256 705000

Price: masques £2.19/150ml;
Heat Defence £2.99; hair spray
£2.49

Diabetic and coeliac recipe for success



A leaflet for people with diabetes and coeliac disease has been produced by Glutafin.

The A5 30-page booklet gives information on both conditions, together with dietary advice. The glycaemic index is explained and helpline numbers provided.

A selection of recipes for sweet and savoury dishes is included, such as chicken and watercress pasta stir fry. Free of charge copies can be

requested via phone or email. Alternatively an electronic version can be downloaded from the Glutafin website.

Product info

Celiac Disease Resource Centre
Tel: 01225 711566
www.glutafin.co.uk

Products advertised on TV next week

- Aquaban:** GMTV, five, Sat
- Aquaban Herbal:** GMTV, five, Sat
- Astral All Over Moisturiser:** C4, five, GMTV
- Bisodol:** C4
- Canesten AF:** All areas
- Cymalon:** GMTV, Sat
- Daktarin Dual Action:** Sat
- Listerine Advanced Tartar Control Mouthwash:** All areas
- TENA Lady Mini Magic & TENA pants:** All areas
- TCP Spray Plaster:** All areas
- Wartner:** G, Y, C, M, CAR, Sat
- PharmaSite** for next week: **Bazuka – Windows, Bazuka – In-store, Pepto Bismol – Dispensary**
- Pharmacy channel:** Eurax, Isovon

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Energizer's powerful message

This year's £750,000 marketing spend on Energizer's Ultimate Lithium battery continues with summer advertising and sampling until September.

Targeting "gadget driven" adults, a new creative entitled 'It's what's inside that counts' promotes the batteries' suitability for high tech devices. The cells are said to power more than 600 photos in a digital camera or provide 5.5 hours of listening in an MP3 player. Print ads are appearing in gadget and photographic titles and national press

supplements. Online, advertorials and branded sponsorship is running on photography, technology and mainstream websites.

A month-long sampling campaign beginning in late July will see travellers at Gatwick and Manchester airports given Ultimate Lithium batteries to try out. PR activity will run alongside to educate consumers.

Product info:

Energizer UK
Tel: 020 8882 8661

Wilkinson's hair-free summer

Wilkinson Sword's female shaving range is set to benefit from a "six figure" marketing spend this summer.

For the Intuition lather and shave product, a marketing campaign is underway, spanning outdoor advertising on buses and in shopping centres. It is expected to reach 88 per cent of 15 to 34 year old female city dwellers during its three month run. Until September, press advertising is running in women's glossy magazines with the strapline 'Want an easy shave? Just add water'.

Quattro, the four blade razor, is being supported by an integrated marketing campaign including

women's press advertorials and sponsorship of female-targeted websites. Since its launch in February, Quattro has generated sales of £796,000, reports Wilkinson Sword.

In Boots and Superdrug, an on-pack DVD promotion will offer consumers 'Lovely Legs in four weeks' with fitness trainer Nicki Waterman. PR activity and press, radio and online advertising will support the promotion.

Product info:

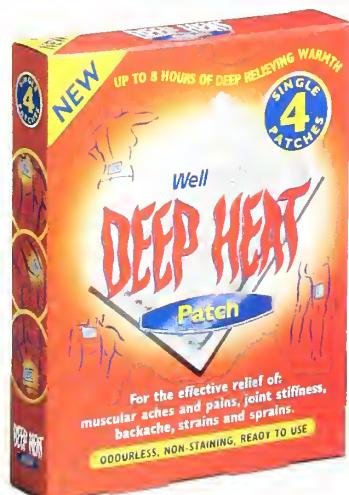
Wilkinson Sword
Tel: 01494 533300

Mentholatum's pain gains

Patches, pads and plasters now account for 18 per cent or more than £9.5 million worth of the topical analgesics sector, shows data from IRI (52 weeks to March 25, 2006). Sales have grown more than 130 per cent compared with the previous 12 months.

Mentholatum, manufacturer of the Deep Heat brand, says its WellPatch has seen sales grow by more than 1,383 per cent in the same period. The product now sells more units than any of its competitors, adds the company. Single packs are performing ahead of target and the recently introduced four-pack is 65 per cent ahead of forecast, says Mentholatum.

Deep Heat also continues to dominate the heat rubs and creams sector. Deep Heat Spray accounts for 56.8 per cent of its sector with sales up 5 per cent against a market fall of 1.7 per cent. Similarly, the brand's Heat Rub claims 53 per cent of its



sector, up 3.5 per cent against a virtually static market.

Consumer advertising will support the brand this summer.

Product info:

PowerMed Healthcare/Prima Brands (NI)
Tel: 0845 222 0555/02890 814700

IF YOUR CUSTOMERS THINK A NASAL SPRAY COULD NEVER BEAT ANTIHISTAMINE TABLETS



SOMEONE'S PULLED THE WOOL OVER THEIR EYES¹⁻⁹

It's time to clear up woolly thinking amongst allergy sufferers. Tell them that there isn't a more effective allergy treatment in your pharmacy than Flixonase Allergy Nasal Spray. Let them know that this spray is different, as it's not just for nasal symptoms. It can tackle all symptoms of hayfever, even the itchy eyes and groggy head by spraying just once a day.¹⁻¹⁴ Recommend Flixonase Allergy, because nothing is more effective without prescription.



SO MUCH MORE THAN AN ANTIHISTAMINE

Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. Uses: Prevention and treatment of allergic rhinitis. Dosage and administration: Inhaler use only. Adults and the healthy elderly: Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. Children under 18 years: Not to be used. Contraindications: Known hypersensitivity to ingredients. Precautions: If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. Side effects: Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis.

Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylactic/hypersensitivity reactions and bronchospasm. Very rarely glaucoma, raised intraocular pressure and cataract. Extremely rarely nasal ulceration and nasal septal perforation usually following

extended use. Pregnancy and lactation: Do not use except with medical advice. Legal category: P. Product licence number: PL 0949/0360. Product licence holder: Allen & Hanburys, Sudbury, Suffolk IP2 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. Price: £10.99 for a 50 spray pack. Date of preparation: June 2006. Flixonase is a registered trademark of the GlaxoSmithKline group of companies.

References: 1. Jaffar M et al. J Fam Pract 1996; 47: 118-125. 2. Stricker WE et al. Ann Allergy Asthma Immunol 1996; 80: 115. 3. Kaszuba SM et al. Arch Otolaryngol Head Neck Surg 2001; 126: 2561-2567. 4. Jordana G et al. JACI 1996; 97: 445-450. 5. Goyette P and D'Amato G. J-L Allergy 1997; 52: 445-450. 6. Hwang M, Abramson MJ, Puy RM. BMJ 1996; 312: 1624-5. 7. Fuchs A. Allergy 2000; 62: 12-14. 8. Stricker et al. J Fam Pract 1994; 38: 14-22. 9. Vervloet D, Charpin D, Desreux JL. Clin Drug Invest 1997; 13(6): 291-296. 10. Rennhart D et al. Clin Exp Allergy 2004; 34: 952-957. 11. Van Bavel JH et al. Ann Allergy Asthma Immunol 1997; 78: 128. 12. Darnell et al. Clin Exp Allergy 1994; 24: 1144-1150. 13. Martin RS et al. Ann Allergy 1999; 83(1): 81. 14. Howland et al. JACI 2001; 107(2): S154.



Consumer Healthcare

TEXT SNEEZE AND THE FIRST PART OF YOUR
PHARMACY POSTCODE TO 83040 TO
RECEIVE FREE POLLEN FORECASTS
ALLERGY RATES ON
CE

Baby come back

Are grocers set to dominate the babycare market or can pharmacy hold its own?



Lesley Ribbens

Once upon a time the pharmacy was a new mother's first port of call for baby supplies. But with the seemingly unstoppable expansion of supermarkets – and their ability to slash prices – nappies, wipes, formula milk and other accessories have been finding their way into the weekly grocery basket. Last year Tesco alone claims to have sold 5.7m of nappies. Should pharmacy surrender in this David and Goliath battle or is there a way to claw back market share?

According to data from Flackett, Stevens and Associates, the total baby products market (consumables) grew at 4 per cent in 2005 compared with 2004, with sales through pharmacy growing by the same amount. However, once

Boots is taken out of the equation, no growth is seen. Over the same period, the grocery sector increased by 5 per cent.

Christine Morris, pharmacy marketing manager at AAH, believes the babycare sector within pharmacy has been eroded by other retailers. "It is important that pharmacy still carries a sufficient stock of babycare products and that these are cleverly merchandised into subcategories, making it easy for consumers to shop, and at the same time optimising space. Pharmacies should carry products within each subcategory to ensure that all 'distress' purchase needs are met," says Ms Morris.

Making a stand against the grocers can pay dividends for pharmacy. Independent pharmacist Alan Petersen, who owns seven pharmacies in

South Wales, says of the babycare market: "Obviously there has been a general drift to the multiple grocers over the last 20 years, but talking to reps in the trade they feel that this has slowed or even levelled out now. I do feel that as a profession we are prone to complain about supermarkets taking our traditional market, but in many cases we have been guilty of lying down and letting this happen. It is my experience that we can usually be as competitive as the supermarkets on price, be every bit as convenient and provide better service than our multiple rivals, but this takes time and effort."

Mr Petersen has seen success in the babycare sector and says he has increased his market share significantly over the last couple of years. "This is because some of the shops I have taken over in the

When it comes to the bottom line there is only one Sudocrem



- Sudocrem - the UK's No. 1 nappy rash cream
- 125g tub - top selling SKU within the range
- £1m marketing spend
- National press advertising campaign throughout the year in top parenting magazines



The nation's favourite nappy rash cream

www.sudocrem.com

Reference 1: IRI MAT Unit Sales, 52 w/e 21st January 2006.

Sudocrem Prescribing Information Please refer to Summary of Product Characteristics before prescribing.
Presentation: A white emulsified cream containing as active ingredients Zinc Oxide 15.25%, Lanolin (Hypo-allergenic) 4%, Benzyl Benzoate 0.01%, Benzyl Alcohol 0.39%, Benzyl Cinnamate 0.15%.

Uses: In the treatment of nappy rash, bedsores, minor burns, eczema, acne, chilblains, surface wounds and sunburn.

Dosage and Administration: To be applied in a thin layer over the affected area with suitable covering where necessary.

Renew application as required. **Contra-indications:** Hypersensitivity to any of the ingredients. **Warnings and**

Precautions: Avoid contact with eyes and mucous membranes. **Side Effects:** Occasional local hypersensitivity

Legal Category: GSL Basic NHS Cost: 60g £1.10 125g £1.62 250g £2.75, 400g £3.66 Marketing Author.

Holder and Number: Forest Tosara Limited, Unit 146 Balcombe Industrial Estate, Balcombe, West Sussex, RH16 1JL, PL 06166 0003. Sudocrem and Tosara are registered trademarks. Date of Preparation: Feb 2006.

For further information or to request a copy of the Summary of Product Characteristics (SPC), please contact Forest Laboratories UK Ltd, Bourne Road, Bexley, Kent DA5 1NX, UK. Tel: +44 0 1322 551 100.

Information about adverse event reporting can be found at www.yeowsa.gov.uk.

Adverse events should also be reported to Forest Laboratories UK Ltd. Tel: +44 0 1322 551 100.



A Spoonful of something familiar helps the medicine go down

BRAND FOCUS

As many mums will tell you, some kids just don't like to take their medicine. Mixing **Fennings Children's Cooling Powders** with a child's meal or drink, can be the fuss-free way to treat their pain and fever.

This low dose 50mg paracetamol powder has been specially formulated for babies and children from 3 months to 12 years.

One sachet can be easily and discreetly mixed with food or drink to relieve the symptoms of feverish colds, influenza and mild feverish conditions and can also be used to treat a child's teething pain, headaches or other aches and pains.

Free from artificial colours, preservatives and sugar, **Fennings Children's Cooling Powders** are available from wholesalers in packs of 10 (GSL, PIP 026-8250, RSP £2.75) or 20 sachets (Pharmacy only, PIP 009-8103, RSP £4.99).

Fennings has launched an informative new website for new parents and also features in the 2006 Mum Plus One voucher book. The product is suitable to mix with expressed breast milk.

For further information visit www.fenningscoolingpowders.co.uk or call Anglian Pharma Sales & Marketing Ltd on 01438 743070.



Offering lines that appeal to captive audiences – such as new mums – gives pharmacists the opportunity to add value to their service by providing personal advice

Should independent pharmacies stick to tried and trusted packs or move with the times?

last couple of years were not doing anything at all with baby products, or if they were, they were trying to sell baby food, nappies and baby wipes at full price. I work very hard in all my shops to be very competitive on price – with considerable support from manufacturers – and to merchandise my stores attractively."

Lynne Henshaw, Numark OTC marketing controller, agrees that independent pharmacy is letting the grocers take babycare business. "We are constantly being bombarded with new products, particularly nappies and wipes, from suppliers who are looking to trade consumers up into more premium priced lines by offering something unique over own brand products. As there are more products to choose from, there is more confusion over which lines to stock – should an independent pharmacy stick to the tried and trusted packs that have sold well in the past, or move with the times?

"Our advice to pharmacists is to stock those lines where you have a captive audience – that is new mums or mums who need help with older children who are having trouble staying dry at night. By concentrating on these key areas, you can offer something over and above that of the multiple grocers – namely advice," says Ms Henshaw.

As far as wipes are concerned, Ms Henshaw believes price promotions are key. This will attract customers in-store and bring them back to see future special offers.

In healthcare there are plenty of products that should be stocked and these should be readily available to buy, not tucked away behind the counter. "Whether we like it or not, customers are used to picking these products up from grocers and by not making them accessible we are losing sales. It will also give you the opportunity to trade customers up into P products," says Ms Henshaw.

Market data from Euromonitor International

The babycare market in the UK was worth £105.6 million in 2005, up from £78.8m in 2000. This breaks down into toiletries (£46.7m), haircare (£15.4m), skincare (£27.1m) and suncare (£16.5m). Pharmacies and drugstores claimed 36.6 per cent and supermarkets/hypermarkets 47.8 per cent. This split has remained fairly static: in 2000 the figures were 36.7 per cent and 46 per cent respectively.

Nappies and disposable pants were worth a further £509.1m, up from £498.3m in 2000. The supermarkets really dominate here with a 70 per cent share, up from 66.5 per cent in 2000 compared with pharmacy's 23 per cent, down from 26 per cent. Over the same period, baby wipes in total grew by more than 50 per cent from £124m in 2000 to £194.8m in 2005.

Total baby food grew from £308.5m in 2000 to £359m last year. Again, supermarkets/ hypermarkets took the lion's share of 78.5 per cent against pharmacy's 15 per cent. In 2000, figures were 68.5 per cent and 20 per cent respectively, showing that the supermarkets have made significant gains.

Source: Euromonitor International

The right balance of milks, right for all their needs

Although breast milk is best for babies, some mums are unable to breast feed, or choose not to for medical, social or physical reasons. Many of these mums need advice about which infant formula is appropriate for their baby, and they may turn to you for help in making their choice.

Giving information to parents on infant milks

SMA Nutrition offers a range of infant milks and special feeds to meet the needs of different babies and toddlers. The recommendation guide below can help you advise parents on which infant milks are suitable and at what age.

SMA Gold*. Balanced to be closer to breast milk

- Whey-based infant formula from birth
- Balance of nutrients similar to those in breast milk to support healthy growth, development and immunity
- Most popular infant formula in UK

SMA White*. Balanced for hungrier babies

- Casein-based formula, more satisfying for hungrier babies
- Can help delay weaning until the recommended time

SMA Progress*. Balanced for older babies and toddlers

- Follow-on milk suitable from 6 months to 2 years
- Balanced with higher levels of iron, zinc and vitamins C and D than cows' milk¹
- Helps meet baby's changing iron needs and helps prevent iron deficiency²

SMA High Energy*. Balanced for babies with faltering growth

- Clinically proven to promote weight gain in babies³
- Balanced with important breast milk nutrients, so babies don't miss out on these important nutrients

SMA Wysoy*. Balanced soya-based infant formula

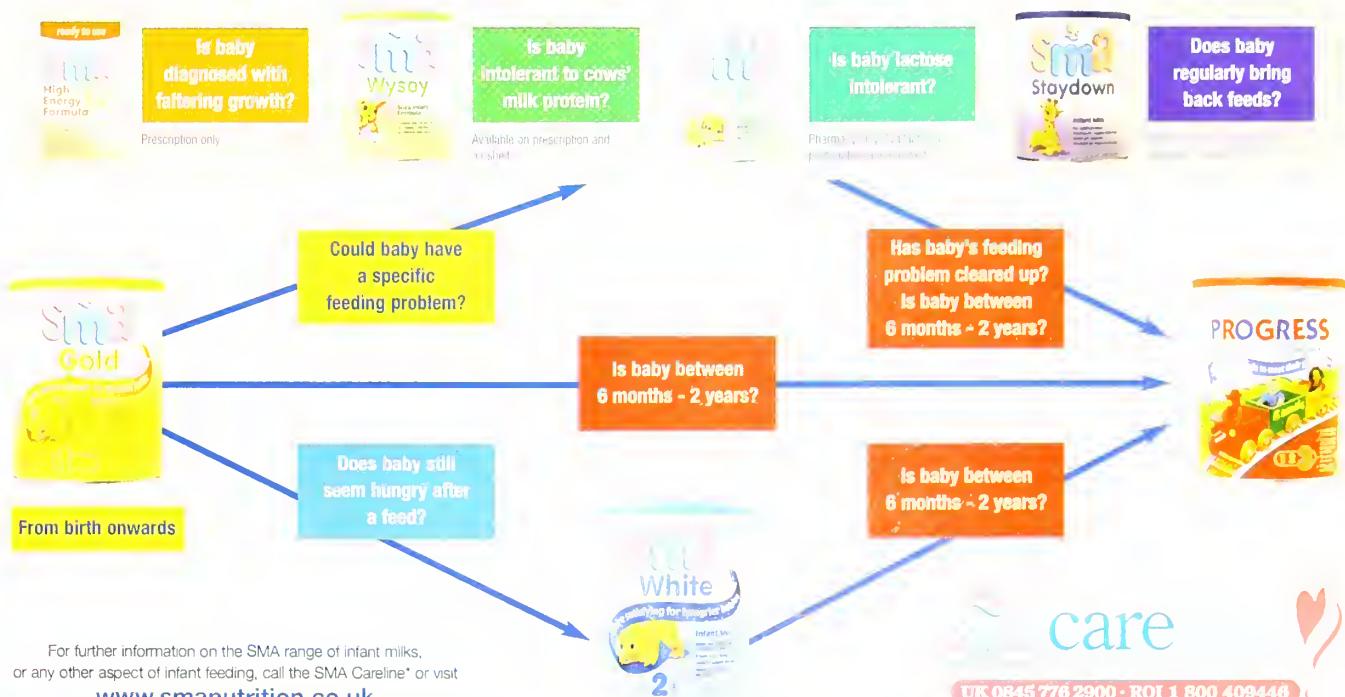
- Balanced nutrition for babies who are intolerant to cows' milk
- Free from lactose and cows' milk protein
- Suitable for vegetarians

SMA LF*. Balanced for babies with lactose intolerance or colic

- Clinically lactose-free formula for bottle-fed babies who are lactose intolerant
- Low-lactose formulae are recommended by the NHS in the UK for bottle-fed babies with colic

SMA Staydown*. Balanced for babies with significant reflux

- Clinically proven to help ease significant reflux (regurgitation) in formula-fed babies^{4,5}
- Complete milk formula containing an easily digestible pre-cooked cornstarch that thickens in the stomach, not in the bottle



For further information on the SMA range of infant milks, or any other aspect of infant feeding, call the SMA Careline* or visit www.smanutrition.co.uk

UK 0845 776 2900 • ROI 1 800 409446

References: 1. The Composition of Foods (McCance and Widdowson, eds) 6th Edition, Food Standards Agency, 2002. 2. Williams J, Wolff A et al. Iron supplemented formula milk related to reduction in psychomotor decline in infants from inner city areas: randomised study. *Br Med J* 1999; **318**: 693-697. 3. www.prodigy.nhs.uk/guidance.asp?gt=Colic%20-%20infantile. Last accessed September 2005. 4. Gonzalez LM et al. Effect of formula with pregelatinized cornstarch in the treatment of regurgitation in infants. *Rev Obstet Gynecol Venez* 2002; **62**: 27-31. 5. Ramirez-Mayans J et al. Nutritional management of children with gastroesophageal reflux: a comparison of two different thickened formulas. *Int Pediatr* 2003; **18**: 78-83. 6. Xinas I et al. An antiregurgitation milk formula in the management of infants with mild to moderate gastroesophageal reflux. *Curr Ther Res* 2003; **64**: 270-278. 7. Peake D et al. Feeding in infants with increased energy requirements. Irish Paediatric Association Meeting Abstracts. May 1999.

IMPORTANT NOTICE: Breast feeding is best for babies. SMA infant milks are intended to replace breast milk when mothers do not breast feed. Professional advice should be followed on the need for and proper method of use of infant milks and on a mother's infant feeding. • SMA PROGRESS is a follow-on milk for babies over 6 months and is not intended to replace breast feeding. When used in conjunction with solid feeding, it provides the nourishment essential to a baby's healthy and sustained growth. • SMA WYSOY milk free formula is intended to meet the nutritional needs of infants and children who are intolerant to cows' milk protein, lactose or sucrose. Medical guidance should always be sought. Soya infant formulas are not recommended for breastfed babies or those with kidney problems. • SMA STAYDOWN is intended to replace breast milk when mothers do not breast feed and when reflux (regurgitation) is a problem. If the baby's regurgitation does not improve within 2 weeks of starting SMA STAYDOWN, or if the infant fails to thrive, parents are advised to consult their family doctor. • SMA HIGH ENERGY is a food for special medical purposes intended for the dietary management of infants and young children with medically determined high energy needs. • SMA HIGH ENERGY is intended for newborn premature babies, for whom fortified breast milk or a low birthweight formula is more appropriate. SMA LF is a food for special medical purposes intended for the dietary management of infants and young children who are intolerant to cows' milk protein, or who are suffering from symptoms such as diarrhoea, tummy ache or wind caused by temporary lactose intolerance. It is not suitable for those who are allergic to cows' milk protein, or who suffer from galactosaemia or require a galactose-free diet. SMA HIGH ENERGY and SMA LF must be used under medical supervision. Both these foods are suitable as the sole source of nutrition for infants up to six months of age, and, in conjunction with solid food, for infants and young children up to eighteen months.

heads



you win!



Cradle Cap Cream

Effective, easy to apply cream that works to treat this common condition.

Active Ingredients: Salicylic Acid 1.5%

Metanium
www.metenium.com

Ask your Pharmacist for details.
Always read the label.

Metanium is a registered trade mark of Ratiopharm Consumer Healthcare



Mike Johnson, Rowlands' marketing manager, agrees that price promotions are an essential tool. For the past two years the chain has been offering 'double deals', such as two products for a single price or buy one get one free. With wipes, says Mr Johnson: "We have proved that people are not particularly brand loyal as long as you have a decent quality product; whichever wipes are on deal far outsell the ones that are not."

Similar offers on nappies have proved successful too and last year Rowlands sold more than 23,000 extra packs. "The upshot of this activity is that we have highlighted that a large number of Rowlands stores (160) can still move baby [products] at a credible rate if we have the right offer on," concludes Mr Johnson.

Multibrands, the company behind Tushies baby wipes, says pharmacy has lost out to the major grocers. A spokesman comments: "As long as local pharmacies strive to remain competitive the customers they have on a localised scale will not feel the need to avoid purchasing 'needed' items such as babywipes from pharmacy. Until now major brands have maintained a very high cost price on items like wipes and nappies in pharmacy; supermarkets have managed to drive down costs and of course introduce highly competitive own label offerings."

TNS Worldpanel data shows foods, finger foods and drinks are all thriving, growing at more than 10 per cent year on year. Organic baby food brand Hipp believes pharmacy managers should keep abreast of baby market trends, listen to what parents are asking for and review the category regularly. Organic products are proving enormously popular with parents and now account for half the market in the UK. But the independent pharmacy sector has been slow to follow the organic trend, says Hipp, and there is the potential to increase sales with the right mix of baby foods.

Overall, industry players agree all is not lost to the grocers. Pharmacy has trump cards to play: expert advice, convenience of location and the range of babycare products – especially medicines – they are able to offer. So perhaps it is possible for everybody to live happily ever after.

Baby food and drink sales on the way up, toiletries going down

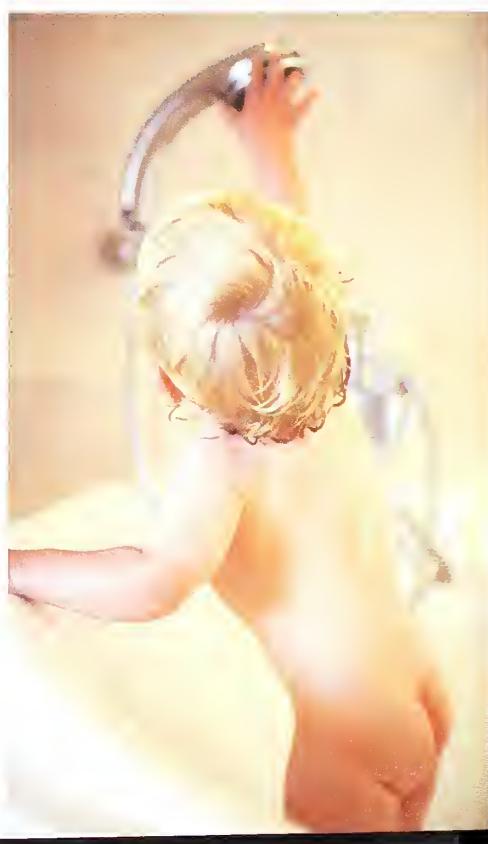
Total baby product sales are declining and this is mostly apparent through pharmacies/drugstores, with baby toiletries and breast pads in the heaviest decline, reports TNS Worldpanel.

Grocers are stealing from pharmacies/drugstores overall within baby; key grocer gains are from milk, toiletries, baby accessories and nappies. It is only in healthcare that grocers are losing overall to pharmacies/drugstores and this is also the only sector where pharmacies/drugstores have a higher share.

Overall, areas showing growth are milk (2.9 per cent), baby food (4.2 per cent), finger foods (25.8 per cent), baby drinks (5 per cent), breast pads (4.4 per cent) and sterilants (7.4 per cent). Within chemists/drugstores, products showing sharpest decline are toiletries, down 10.6 per cent, breast pads down 14.4 per cent and sterilants down 9.4 per cent. Faring better are baby food, finger food and drinks, all growing at more than 10 per cent year on year.

Source: TNS Worldpanel 52 w/e 21 May 2006

Rowlands has proved that it can move baby products at a credible rate if it has the right offer on



Getting the dose right

Testing of medicines' suitability for children is soon to be de rigueur as European regulations come into effect from 2007



Charts use breastfed babies' data

New infant growth charts based on breastfed infants have been published by the World Health Organization. They will replace 40 year old charts based largely on formula fed babies. Breastfed babies tend to be lean, so comparing them to statistics for formula fed infants is misleading. The new charts will help healthcare professionals support breastfeeding and reassure mothers about the growth of their babies.

Advice for new parents

Tesco pharmacies are distributing 'Tesco New Mum', a free booklet offering advice to new parents. Covering common health problems such as colds as well as more serious healthcare problems, the booklet aims to give mums confidence in the first months of their babies' lives. Dr Hilary Jones is lending his support to the resource. Last year Tesco became the first supermarket to offer TENS machine hire to help reduce the pain of childbirth. It also offers parents membership of the Tesco Baby & Toddler Club.

In this risk averse world, how many parents would give their consent for medicines to be tested on their children? Just a short time ago the media was full of the aftermath of a clinical trial that went badly wrong. No parent would want their child to go through anything similar.

But if the number of medicines licensed for the treatment of children is to increase – as is the wont of European regulators – children need to be involved in drug research. Currently, more than half of medicines used in children have not been specifically studied for this population. For newborns, the figure rises to around 90 per cent. In many cases adult medicines are given at reduced doses, resulting in side effects if the dose is too high and ineffective treatment if not enough is administered.

The makeup of the paediatric population is more complex than adults. Ranging from babies through toddlers and children to teenagers, the group has differing requirements and responses, and cannot be treated simply as mini adults. Further, administration can be problematic, with youngsters unable to swallow tablets or capsules and difficulties with dosage calculations. The cost involved in the testing relative to the small patient population makes the process prohibitively expensive. Commonly, medicines are being prescribed based on past experience and academic research without formal clinical trials to back up decisions. There is a degree of uncertainty and a child's health may suffer as a result.

The outlook for young patients brightened last

tails



you
win!



Nappy Rash Ointment

One of the most effective treatments to soothe and treat nappy rash.

Metanium
www.metanium.com

Ask your Pharmacist
for details.
Always read the label

This regulation will help to ensure we have safe and effective medicines specifically formulated for children

Dispensing with certainty

For administration of liquid oral medicines to babies and young children, Baxa Ltd offers the Exacta-Med Medicine Dispenser. Supplied in a pack with four adapters for bottles of different sizes, the 5ml syringe enables more accurate dosing than is possible with a spoon, says the company. They can be reused and can withstand sterilising procedures. Packs are supplied in point of sale display units of 10 or can be hung on racks.

Baxa Ltd, tel: 01344 890916



Best seller is old favourite

Antiseptic healing cream Sudocrem claims to be the nation's favourite for the treatment of nappy rash. Boasting a brand heritage of more than 60 years, the product outsells its nearest competitor by almost seven to one, says Forest. Advertising in the parenting press and PR activity support the brand.

month when the European Parliament voted in favour of regulations aimed at encouraging the development of paediatric medications.

Drug companies will get greater support in clinical trials and be provided with extended intellectual property protection on completion of a paediatric investigation plan. For off-patent products, a new category of marketing authorisation will be created.

The paediatric investigation plan will involve a research and development programme generating data for use in youngsters. Products will be given a special logo – still to be chosen – indicating their suitability for paediatric use. The regulations will come into force on January 1, 2007.

The Department of Health welcomed the agreement. Health minister Rosie Winterton commented: "The UK has been a strong advocate for such measures for a number of

Also from Forest, Infacol (simethicone) is the UK's best selling licensed treatment for colic, says the manufacturer. Said to relieve wind, infant colic and gripping pain, Infacol can be used from birth. Information leaflets, 'Coping with wind and infant colic' and 'A guide to nappy rash', are available.

Forest Laboratories, tel: 01322 550550

years, and this legislation was a key priority during the UK presidency of the EU. This regulation will help to ensure that we have safe and effective medicines specifically formulated for children and I am pleased that this important step has now been taken."

The USA is ahead of Europe when it comes to children's medicines and legislation there prompted new paediatric information on the labels of 64 established medicines between July 1998 and February 2004. The European Medicines Agency (EMEA) is currently building a priority list of therapeutic areas where the need for paediatric medicines is greatest. Cancer, HIV and sepsis are expected to be high on the list.

The process for testing drugs in children is essentially the same as for adults in that each drug has to go through phase I, II and III trials. Sick children are recruited generally by approaching

DERMATOLOGICAL

E45



DERMATOLOGICAL

CROOKES
PHARMACEUTICALS

Prescribing information: E45 cream contains 1% w/w of the active ingredient, croton oil. It is suitable for the use of an emollient is indicated, such as dry skin, cracked skin, ichthyosis, traumatic dermatitis, burns, the dry stage of eczema and certain types of cases of psoriasis. Dosage and administration: Adults, children and elderly. Apply

to the affected part two or three times daily. Contraindications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20. Legal category: GSL. Product licence number: PL 0327/5904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation: January 2002. References: 1. Carr and Carr 1997. 2. Vickers and Kirby 1985. 3. Hobday and Largay 1996. CHCSK04-848. Date of preparation: January 2006.

Product news

A roundup of market developments and launches

Hipp Hipp hooray

Hipp Organic is calling on pharmacists to capitalise on the growing organic market. Half of all baby foods sold are organic, says Hipp, yet just a small fraction of organic variants are stocked in pharmacies. Hipp is the biggest selling organic baby food and boasts a 100-strong portfolio. New recipes are introduced regularly and the Hipp-a-bisc wholewheat biscuit cereal was launched this year. In the wet baby food sector, Hipp claims a 32 per cent share and is closing the gap on market leader Heinz which holds 39.1 per cent of the market (source: IRI, 12 weeks to March 18, 2006).

Hipp Nutrition, tel: 01635 528250



Animal magic from Numark

Numark gave its babycare range a new look earlier this year. Products now sport animal motifs and packs are ergonomically designed to provide a good grip. The range includes a baby shampoo, baby powder, hypoallergenic baby bath, lotion and oil. Further Numark own-brand baby products include wipes, nappy bags and cotton buds.

Numark, tel: 01827 841200



Dry and sensitive skin needs treatment that works hard to moisturise.

Over the years, the trust earned by E45 Cream to provide moisturising relief for a range of dermatological conditions has gathered sound clinical support. Studies show E45 Cream brings significant improvements in the dryness, redness and cracking of eczema and the poor texture and scaliness of conditions like ichthyosis:

White soft paraffin, light liquid paraffin and Medilan – a highly refined, hypoallergenic form of lanolin – work synergistically to replenish moisture and improve skin appearance.

As well as being efficacious, our dermatologically tested, unperfumed and well tolerated emollient was voted pleasant to use by 82% of patients.

E45 Cream. Experience brings expertise

Dry skin & Eczema

EXPERTE45

Soaked to the skin



Heinz is top for the tots

Heinz takes top spot in the £101 million baby food sector with a share of 40.6 per cent (source: IRI HBA Outlets, 52 w/e March 25, 2006). Brand offerings include the Simply Organic range, the Toddler's Own range of finger foods and the Mum's Ingredients line of jarred purées to be added to home-cooked food. Backing up all the products is the Heinz Promise, the company's on-pack pledge to use high quality ingredients. Selection from 10 statements are used such as "we carefully steam-cook our ingredients to reach just the right tastes and textures for your baby."

Heinz; tel: 020 8573 7757



Purified seaweed is just the job

Ocean Pure spray is a cleaning product for babies and young children made from purified seawater. It has mild astringent properties and can be used for nappy changes and cleaning messy faces and hands. Says manufacturer Ocean Pure Ltd. Packaged in a sealed pouch within a spray can, the product is said to remain sterile throughout its lifetime of use.

Ocean Pure;
tel: 01730 261089

For nappy changes
hands & face
Dermatologically
tested -
99.9% C.
C.

Premium wipes new to range

Premium Plus baby wipes are new to the Tushies range. Slightly bigger than the standard wipes, a sensitive variant contains no perfume or alcohol while Premium Plus Moisturising contains aloe and chamomile. Tushies baby wipes allow pharmacies to compete in the baby wipe sector, believes Multibrands.

Packaging was designed to give confidence in the product and the wipes are thicker and softer than others in the market. They contain lotion to clean the skin and leave a soothing feeling. Packs of 80 wipes retail at £1.49 (standard) and £1.79 (premium).

Multibrands, tel: 01274 307310

Promotions back calendula range

Weleda currently has trade promotions running for its baby calendula range. Point of sale materials including a baby range leaflet with promotional dispenser, giant display cube and interconnecting display trays offering mix-and-match options support three trade parcels. Six of each of the full nine-strong range are available for £149.81 (15 per cent discount), offering 40 per cent POR.

Relaunched with four new products in March, the range comprises Calendula cream, Cream bath, Bath, Weather protection cream, Oil, Soap, Lotion, Moisturising body cream and Nappy change cream. All are free of animal products and have not been tested on animals, says Weleda.

Weleda Retail, tel: 0845 2002836



Calpol sales rise predicted

The Calpol brand claims a 63.1 per cent unit share of the pain and fever market, worth around £40 million (source: IRI Data 52 w/e October 1, 2005). Manufacturer Pfizer is forecasting incremental sales for pharmacy following a licence change and product updates brought in last year. Calpol Infant Suspension can now be given to babies from two months of age for up to two doses without the initial intervention of a GP. Previously, usage at two months had been restricted to post-immunisation pain and fever. The 100ml bottle of Calpol Infant Suspension and packs of 12 6+ Fastmelts were switched from P to GSL and, for pharmacy only, a 200ml variant was introduced.

Pfizer Consumer Healthcare,
tel: 01304 616161



Formulas cater for intolerances

For babies with lactose intolerance or who have an allergy to cows' milk, Mead Johnson claims to offer the most extensive range of specialist formula milks. Food allergy is on the increase and is now thought to affect between 5 and 8 per cent of toddlers.

The Department of Health has recommended extensively hydrolysed formula milks are used to manage cows' milk allergy.

Mead Johnson's Nutramigen and Pregestimil are the most extensively hydrolysed hydrolysates available, says the company. For common feeding problems such as mild colic, wind and diarrhoea associated with lactose intolerance, Enfamil Lactofree is a suitable formula. All products in the range are available in 400g tins.

Mead Johnson, tel: 0800 8834 2568

Speedy temperature reading

For rapid temperature taking, Braun offers the PRT 1000 high speed digital thermometer. It features a flexible tip and ergonomic design, says the company, and gives a reading within 10 seconds. It retails at £9.99.

Braun, tel: 020 8560 1234



119% growth in 2005!*





Specially developed for
babies and children

When a baby
reaches 3 months
there are lots of
new things he
can do

pump his
legs and arms

Smile spontaneously
and laugh out loud

and take
Nurofen for Children
when he has a fever



Relief from pain and fever;
action in 15 minutes* lasts for up to 8 hours

PRODUCT INFORMATION: Nurofen for Children: Suspension of ibuprofen 100mg/5ml. Indications: reduction of fever, and relief of minor aches and pains. Dosage: 20–30mg/kg body weight in divided doses (see pack for details). Not recommended for children under 3 months of age unless advised by a doctor. For oral administration. For short term use only. Contraindications: Hypersensitivity to constituents. History of peptic ulceration. History of asthma, rhinitis or urticaria associated with aspirin or other NSAIDs. Precautions and Warnings:

If symptoms persist for more than 3 days, consult a doctor. Do not exceed the stated dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult a doctor before use. Nurofen for Children is not suitable for patients with stomach ulcers or other stomach disorders. Side Effects: Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma,

bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration, renal failure. Also very rarely thrombocytopenia. Bronchospasm may occur in patients with a history of aspirin sensitive asthma. Product Licence Holder: Crookes Healthcare Ltd, NG2 3AA.

Legal Category: P. MRRP: 100ml: £3.59. 150ml: £4.59.
Nurofen for Children: PL 00327/0085.
Date of preparation: June 2005.

References:

1. Sidler et al. A double-blind comparison of ibuprofen and paracetamol in juvenile pyrexia. *Br J Clin Pract* 1990; 44(suppl70):22–25.
2. Kelley MT et al. *Clin Pharmacol Ther* 1992; 52:181–189.



Retail Crime Deter, detect and protect

Pharmacies need to be more proactive in their approach to security as crime levels impact on staff and premises

Tom Hawkins

In the six months between January and June 2002, pharmacies across South London were targeted in a series of violent robberies. In what were believed by police intelligence to be co-ordinated attacks by organised gangs, pharmacy staff were threatened with knives and cash was stolen.

While the Croydon Robberies, as they came to be known, were not the first example of pharmacies suffering the effects of crime, it served to demonstrate the increasing levels of violence involved. Furthermore, it gave pharmacy owners a clear indication of the growing importance of securing their premises and protecting their staff.

As a predominantly retail business, pharmacists share the same crime risks as other high street outlets. Mike Schuck, chief executive of the British Retail Consortium's Action Against Business Crime unit, explains: "The issue is that pharmacies are no different from any other retail premises in seeing security as an integral part of the business. So from customer theft and staff theft to burglary, the measures should be exactly the same.

Obviously it should be enhanced because of the rugs and the requirement to store them securely."

The latest figures from the British Retail Consortium's Annual Retail Crime Survey, sponsored by ADT, paints a rather dismal picture, with the total cost of crime and violence against staff both showing significant increases.

Overall, the impact of crime and crime prevention cost the retail sector £2.13 billion in 2004, a 9 per cent increase from the £1.96bn cost the year before. Since 2000 the incident figure has increased by nearly 50 per cent. The survey also revealed the worrying trends of violence against

retail staff. Verbal abuse rose by 35 per cent and physical violence was up 14 per cent – a continuing trend since 2000. Such figures give a clear indication of the extent of the problem, but they cannot show the impact on staff and the resulting financial implications, which could put a retailer out of business.

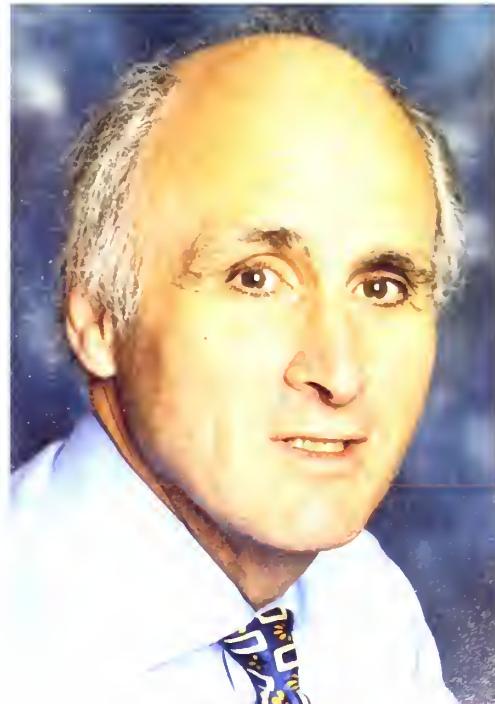
BRC director-general, Kevin Hawkins, says: "Retail crime is not victimless; it leaves deep scars not only on business viability and staff, but also on the community, with the costs of prevention often passed on to all threads of society."

Retailers, like many other victims of crime, often address security issues after they have impacted on them directly, rather than investing in crime prevention measures upfront. John Saunders, chief executive of the Security Industry Authority, argues that, while security should form a fundamental part of any organisation's infrastructure, many shops and businesses invest less in protecting their assets and their people than they spend on heating or air conditioning.

"All businesses face an increase in crime and a surge in threats and risks. The private security industry is stepping up to the challenge, but now it's time for the shops and businesses to play their part. Senior managers must give security the attention and investment it demands," he says.

It is the responsibility of the pharmacy owner to ensure employees are safe in the workplace. More specifically, according to the Pharmacists' Defence Association, employers are required to have a clearly defined statement on any potential risks to staff, including those from violence, spelling out what actions are in place to reduce that risk.

In January last year, the PDA published a document outlining its support for the personal



Pharmacies are no different from other retailer premises in seeing security as integral to busi

Retail Crime

safety of pharmacy staff. To support its aims the PDA developed a Personal Safety Resource Pack, which provides a risk assessment tool to establish the threat of violence as well as a risk management tool to establish the levels of protection already in place. Overlaying the results of the two assessments provides an analysis of any areas where there are shortcomings.

In addition, the PDA can help detect the crime levels prevalent in a certain area. The Association recommends getting involved with other shops in the vicinity, local trader organisations and local police crime prevention to discuss the problems. This could in turn lead to security initiatives such as guards, where the costs are shared.

However, the PDA concedes that, despite any measures to minimise the risk, violent attacks can still occur. It points to police and Home Office guidance that "violent response to abusive behaviour is never contemplated unless necessary for self-defence". In essence, safety first.

The PDA recommends that all incidents should be recorded in detail. Staff accounts and witness statements could be required for subsequent prosecution or as evidence of sustained abuse. To encourage instances of reporting, the PDA has set up a violence and abuse log on its website and information from this will be used to lobby for improvements to pharmacists' professional lives.

But while the importance of defending against violent incidents is clear, such headline-grabbing attacks remain the exception rather than the rule. More pressing for most pharmacists is the issue of shrinkage, a term used by the retail industry to describe missing stock from shoplifting, staff theft, supplier under-delivery and internal error.

The Centre for Retail Research found the total retail shrinkage for 2004 was equivalent to 24.1 per cent of retail profit, with small shops suffering higher rates of customer theft than large multiples. Of that figure, customer theft accounts for £1.85 billion, staff theft for £1.537bn, supplier errors £191m and internal errors £646m.

NPA pharmacy business manager Raj Nutan says small shops are more vulnerable than larger retailers, which are perceived to have more resources to support security initiatives. However, he adds that this can be challenged by simple measures such as introducing an efficient stock

Raid-control provides deterrence and captures evidence

Raid-control was spearheaded by Croydon crime prevention officer (CPO) Kevin Hitch, who was drafted in after the robberies to advise pharmacists on how to upgrade their security to protect their premises not just from shoplifters but from more serious attacks.

From his research Mr Hitch determined that basic weaknesses in both security and procedures were common features. He also highlighted till protection as a major concern since cash was the thieves' target. To translate the findings into practical crime prevention measures, Mr Hitch contacted Alan Townsend of the Metropolitan Police Service Flying Squad and Digby Ram, director of IBP International and chairman of the British Security Industry Association's cash and property marking section.

The result was a series of measures that provide an impressive deterrent to would-be robbers and can also capture evidence to help secure convictions if there is a robbery. The elements comprise staff training in raid awareness; limiting exposure to cash; time delay systems; implementing

security cameras; and making cash traceable.

The cost to obtain Raid-control status depends on the type of security already in the premises. If a retailer has no elements of Raid-control, the package costs approximately £1,000-£1,500, but if there is only a requirement for training then it will be much lower. The cost can be covered in part or full by various funding streams, including the Capital Modernisation Fund and Communities Against Drugs funding.

Since Raid-control was introduced to the Croydon pharmacies there has been one robbery. Raid-control has also been recognised as a best practice national standard for reducing retail robbery in the Association of Chief Police Officers' gun crime preventative manual.

Beran Patel, the owner of Brigstock Pharmacy, who had a knife thrust into his face during a raid in which large sums of money were stolen, says the measures have had a significant impact. "The equipment has brought peace of mind to me and to my staff and the training has addressed the type of complacency about crime that arises when you haven't been targeted before," he says.

Small shops are vulnerable as larger retailers are thought to have resources to support security

accounting procedure or investing in an electronic point of sale system. These actions, he argues, can ensure stock is accurately written off and credit is reclaimed from suppliers.

Even smaller scale investments can make a major difference. "It can be difficult to justify the cost of CCTV and tagging but you can look at getting mirrors, dummy cameras, signage in strategic places and making sure high value goods are protected," says Mr Nutan.



Raj Nutan

Hand picked security solutions

A range of security measures has been adopted by pharmacies, from physical barriers to CCTV, alarms and tags

In May the pharmacy community was given several reminders of the very real threat from crime. On May 15 masked robbers broke into Lloydspharmacy in Mitcham, just five miles from Croydon. In broad daylight the two masked men forced five female staff into the toilets, stealing handbags and cash.

Eight days later, between closing on May 23 and opening on May 24, pharmacies in Shrewsbury and Penwortham, Lancashire, were targeted in two separate burglaries. In premeditated attacks to steal controlled drugs,

the thieves made off with a combined haul that included schizophrenia treatment Risperdal Costa, diazepam, oxazepam and painkillers such as co-codamol.

These latter incidents demonstrate how the stock carried by pharmacies separates their security requirements from the rest of the retail crowd. Increasingly specific medicines – including those within the secure controlled drugs cabinet – are targeted for resale on the black market.

Jannine Jones, group security manager at Phoenix Medical Supplies, highlights the

contradictory security situation that pharmacists are faced with. "We invite drug dependent people into the workplace and 71 per cent of people caught pinching are addicted to drugs, which makes it quite a difficult situation for us because those are the people we are inviting in. Trying to stop thieves becomes difficult – they can get violent, temperamental or could be carrying a needle. Staff might turn a blind eye for fear of retribution."

Phoenix has implemented a series of security measures at Rowlands pharmacy stores to combat

Pharmacy Crime

the increasing threat. Last year burglaries fell by 7 per cent after metal back doors, anti-vandal paint, window bars and shutters were brought in.

Pharmacies across the UK have adopted different approaches to the same aim of protecting stock and staff. Patrick O'Sullivan of Alliance Pharmacy says the answer to reducing risk at any location is a combination of both passive and active security measures coupled with effective training for team members.

CCTV, alarms and tagging are deemed as passive security measures since their presence will put potential offenders off in most cases but will not physically stop them. Physical barriers, such as shutters between pharmacy staff and the public to prevent burglary are deemed active.

By implementing physical security measures and training programmes in high risk locations certain Alliance pharmacies have achieved Raid-control certification. Mr O'Sullivan claims that clear signage, warning offenders that measures are in place, has had a great effect.

However, he says the most important tool is a centralised incidents database that provides the evidence to be able to target high risk areas across the network. An effective follow up process by the company's loss prevention team to investigate the cause of such incidents and to implement corrective actions can prevent recurrence.

Co-operative Group Pharmacy has a specialist loss prevention service, set up in January 2004, which manages security issues. Measures in place include full risk assessments, clear procedures

for reporting incidents, CCTV, intruder alarms with panic buttons connected directly to local police, participation in local community crime reduction partnerships, and 'violence avoidance' training for staff.

Wherever possible, security equipment is bought across the group, providing considerable economies of scale. For example, SMP provides safes to most of the Co-operative Group's businesses, including Co-op Pharmacy.

As well as the security measures deemed fundamental, Co-op has also explored the use of product denial cards, where items are held behind the counter rather than on the shelves, novel shelf design to make it harder to remove large numbers

of items, trials of store detectives, retail crime reduction partnerships, the use of shoplifting mirrors and exercises to raise staff awareness.

The introduction of improved intruder alarm management and better premises security has reduced burglary by 21 per cent from 43 incidents in 2004 to 34 incidents last year.

The Healthcare group within United Co-operatives places equal emphasis on burglary reduction. Corporate security manager Steve McIntosh says: "In the main, most security features in situ within a pharmacy are very similar to that of any other retail trader, however we do concentrate more on physical security measures in order to reduce the possibility of burglary."

Hardware includes steel bars fixed to the inside of the windows, electronic tremor devices attached to walls and windows to detect breaching of the brickwork or cutting of the glass, steel sheeting being fixed to external rear doors, external security lighting, spyholes to rear doors and roller shutters and ram raid bollards to deter vehicle attack.

Lloydspharmacy has an integrated loss prevention strategy of 'Protecting our people, property and profits'. Over the last two years the group has introduced an electronic reporting system where a central database logs all incidents. By using this information to track trends, coupled with local intelligence, Lloydspharmacy can identify regular shoplifters and mobilise store detectives to apprehend thieves, who are banned from the pharmacy after prosecution.

THIEVES CAN'T STEAL WHAT THEY CAN'T SEE



- Prevents thieves from stealing your valuable I.T equipment.
- Proven track record in loss prevention.
- Industry award winners for innovation.
- Guaranteed against contamination.

Products

ALARMS AND ACCESS CONTROL

Unauthorised access to your premises is a major threat to all pharmacy owners. There are basic measures that can deter intruders, such as signage and push-button locks to internal secure areas, but these are often complemented by more sophisticated access control systems

Alarms can be activated through magnetic, infra-red and motion sensors. If triggered they should be monitored through an NSI-approved alarm receiving centre (ARC) to generate a response rather than simply making a noise. Alarm confirmation technology ensures that wasteful and costly false call outs are prevented.

Initial Fire and Security provides intruder alarms to the Rowlands Pharmacy group owned by Phoenix Medical Supplies. As a company approved by the National Approval Council for Security Systems (NACOSS), installation and maintenance are guaranteed to meet the required standards. Because Initial has national coverage, Rowlands can rely on a four-hour maintenance call out.

As standard, the alarms have integrated panic buttons and a duress code access system. Duress codes provide the option for a second entry code that, while enabling entry, also triggers the monitoring system to alert the police. Any variability can be viewed remotely to see why shops opened early or closed late.

Advances in wireless networking provide added security for staff. WWSolutions supplies a communication system called Vocera where users wear a 'badge' to enable voice communication over a wireless network. The system also incorporates a panic button to immediately alert the control centre in the event of an attack.

Lloydspharmacy emphasises protection of key holders who may have to attend an alarm call out in the middle of the night. The group has successfully trialled an out of hours support service using a national security company to provide a mobile uniformed security officer in these emergency situations. This ensures no key holders attend premises alone and is now being implemented across the UK. The added benefit is

Completing MURs and focusing on patient care means there is less time to monitor activity on the shop floor

that a security presence can remain on site until remedial action can be taken.

Remote video links can provide back up to employees on site. VisionGuard from security supplier Secom enables shop staff to trigger an immediate live CCTV link to an operator in Secom's 24-hour ARC at the touch of a button. The link allows the operator to see and hear the situation and assess its severity – if necessary intervening by broadcasting a warning message to the shop or by alerting the police.

Secom offers another CCTV-based monitoring service – Vision – which is triggered by motion sensors. Vision is designed for external protection of larger, remote, or high-risk sites. Multiple images allow Secom operators to distinguish between intrusions and legitimate behaviour.

Back-up technologies such as BT RedCare will send a signal to the monitoring station if a line is cut, which is relayed to a keyholder. Alternatively, dual signalling devices such as Dualcom GSM provide a confirmed signal path usually by a radio back-up, which is more difficult to block.

Adding failsafe measures such as this could be wasted if they are not matched with a professional service and maintenance programme. Regular preventative inspections of alarm and access control should be followed by a swift response if required to ensure that no insurance policy is invalidated.

To alleviate the pressure of maintaining and

monitoring an alarm, keyholding can be outsourced so pharmacists and staff are not disturbed should an alarm sound. Mobile patrols can also improve site protection by performing random patrols to check for signs of intrusion, vandalism or graffiti, responding to incidents and securing a site before leaving. Most importantly, it means there is no longer the risk associated with attending a potential break-in.

If burglars do breach external security measures, they can be hampered by internal barriers. SmartWater Index, for example, is a low pressure spray system that contains a unique DNA-style code created for the premises. It is permanently installed at strategic points within a building and is triggered when a break-in is detected or panic button is activated, spraying the intruder with the SmartWater forensic solution, which remains detectable under ultraviolet light on skin or hair for weeks.

CCTV

With the pressure to reduce costs, staffing levels within pharmacies are often kept to the minimum level needed to keep the premises functioning properly. In addition, the emphasis within the new contract for pharmacists to complete MURs and focus on patient care means there is less time to monitor activity on the shop floor.

As a result CCTV is playing an increasingly important role. It provides an extra set of eyes that can record evidence to resolve disputes with customers or even prosecute thieves.

Phoenix Medical Supplies has been an early adopter of remote access CCTV systems. For the past five years wholesale premises and around 200 Rowlands retail outlets, selected on a risk basis, have been networked into a system provided by Zoom CCTV. The technology provides centralised control of the group's security functions and has rapidly increased response rates.

Staff at the pharmacy ring a helpdesk if there has been a theft and from a five minute review of the footage an image of the offender can be burned to disk, producing a colour image that is



someone will respond, so that's where the deterrent comes in."

The system is used by 1,500 store managers on a daily basis to track activities at the till. They are then in a position to act on any anomalies highlighted by the system, which might reflect criminal activity or simply the need for training in a certain area.

"I wouldn't like to think of it as technology for technology's sake. Now, every manager's talking about exceptional transactions on a daily basis – those conversations are happening face-to-face."

Mr Jennings estimates that the investment was returned within weeks. The number of refunds reduced dramatically and the number of Advantage loyalty card points issued without a sale has fallen by millions.

Three times as many people were dismissed after the tracking system was brought online but, more surprisingly, it prompted a substantial rise in the number of resignations from dishonest members of staff.

"If there is a series of transactions at 8pm, there will be a report the next morning and by lunchtime that person can be suspended and subsequently dismissed," explains Jennings.

For Boots, SmartStore is a fundamental part of a much wider shrinkage plan that spans the traditional areas of product theft, internal threats, procedural inaccuracy and non-compliance.

"This one has deterrent and detection," explains Mr Jennings. "Everyone on the till knows there's tracking on and if there's an error

Products

ent to the pharmacy for the attention of the police. Group security manager Jannine Jones estimates that it takes around 10 minutes to deal with each incident and the result is dramatic.

Dennis Judd of ADT, one of the leading suppliers of CCTV and security systems, says digital CCTV systems have largely replaced the laborious process of loading, recording and storing tapes that record images on time-delay. This, Mr Judd explains, is the reason for the 'Charlie Chaplin' style footage becoming a thing of the past. However, he urges pharmacy owners to cover the basics of establishing a maintenance programme for the storage device to ensure images are being recorded and stored appropriately.

As well as the familiar CCTV camera packages that act as a clearly visible deterrent, ADT also provides equipment for more covert operations. Some cameras can fit neatly and discreetly into ceiling tiles and pinhole cameras – not apparent to the general public – can be set in walls. The specific package of cameras, monitor and recorder will vary according to the specific needs of the retail environment but there are basic 'plug and play' packages from £999 or £5.11 per week.

Security specialist Chubb says whatever the recording technology deployed, users should remember that, in accordance with the data protection act, all CCTV systems that affect an individual's privacy must be registered with the Information Commissioner at www.informationcommissioner.gov.uk

Recent advances also make it possible to connect cameras directly to an IP-based computer network, with manufacturers such as Axis Communications at the forefront of development. Network camera technology enables a user to have a camera at one location and view live video from another location over the network or internet.

Dominic Bruning, managing director of Axis Communications UK, says: "The demand for PTZ (pan tilt zoom) network cameras has grown, as it is cost-efficient and convenient improvement over analogue systems, which need additional wiring."

Connecting CCTV to access control systems creates a powerful combination. Group 4 technology has integrated video management into its multiMAX access control. When an alarm incident occurs, users can save time by reviewing the video records without having to access a separate video management system.

POS AND STOCK CONTROL

Research prior to the development of Raid-control exposed the importance of protecting the till area as thieves principally target cash. Currency Systems supplies the Omal Counter Cache range manufactured by NPA-approved supplier Volumatic for secure storage of notes at the point of sale. All units have a double locking mechanism and more advanced units have a tamper-proof seal on the internal cash storage device.

The company's Basic model provides a simple drop box option where notes are deposited directly into the unit through a vertical slot and compressed. The Compact model features an inner assette that can store up to 350 currency-sized pieces of paper.

Notes, cheques, vouchers and credit card slips are transported via the Omal Compact Counter

Cache Cassette. The deposit drawer can only be opened far enough to deposit between one and 20 items and a locking mechanism then prevents any further outward movement. Once the items are deposited and the drawer closed, it cannot be re-opened until the contents have been plunged into the main unit. Cassettes can only be removed using a specialist security keyplate, which in turn seals the contents.

Physical measures around the till provide simple yet effective deterrents. Cash Guard is a see-through guard constructed in steel and Vivak polyester that fits most makes and models of cash register. The device permanently obstructs the opportunist thief from cash grabbing.

In addition, activities surrounding the POS can be recorded in connection with a CCTV system. Bosch Security Systems has added a POS interface to its Divar digital versatile recorders to capture and track transaction details for banking, retail and other POS applications.

Data from up to four cash registers can be communicated via the interface to the recorder over an IP network. "This means only the interface device needs to be near the cash register, not the whole recording unit, which can be kept in the manager's office," explains Dave Mulcahy, CCTV product manager for Bosch Security Systems. Images taken from cameras in a store can then be matched to transactional data from the till to see whether an incident has occurred.

Simple measures can be taken to tackle losses through the use of counterfeit notes. Raj Nutan, pharmacy business manager at the NPA, says pens or ultraviolet note checking machines at a cost of around £25 can pay for themselves in hours, particularly in tourist areas.

In the longer term, it is sensible to have efficient and accurate stocktaking systems in place to highlight stock losses as well as product availability. Orridge provides customised stocktaking systems for pharmacies conducting their annual stocktake or undertaking stock audits.

After a consultation on requirements, the company drafts in stock counters to assess quantities and provides the results electronically in an automated report on email, disk or via an FTP site. The data can be supplemented by management reports that break down information on stock position and whereabouts, lines, value and category breakdown.

CABINETS

Lockable cabinets for controlled drugs have progressed from the 'tinbox' units of old that could be carried from a pharmacy in the event of a burglary to heavy duty models bolted to the floor.

Jannine Jones, group security manager at Phoenix Medical Supplies, says cabinets can be coupled with a numerical IP-based lock for greater security. The company battled to get the technology accepted on top of standard key-based locks, which eventually led to legislation being rewritten. Ms Jones says investment in more sturdy cabinets is justifiable. The Chubb models employed by Rowlands pharmacies cost around £500 while less solid versions could still be around £400.

The large safes can also be compartmentalised to provide separate storage for cash and drugs. This gives exclusive access rights to

PSL

Positive Solutions Ltd (PSL), Mawdsleys' software division, has developed an event-driven video system as an extension of its Analyst point of sale system.

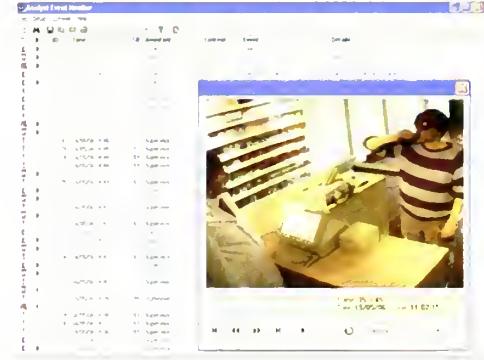
The system broadens the remit of a CCTV system so that it can be activated on a predetermined set of triggers. This might be when 'no sale' is rung up, when there is a refund or if the controlled drug cabinet is opened. When such actions occur, the cameras digitally record the frames of images surrounding the event to a hard disk while discarding the evidence from all non-trigger events.

"If you have 20 refunds from one member of staff, you need to check if they're all to the same person," says Ms Jones. "You could pick that up on video but it would take hours and hours. This only keeps the interesting bits."

The results are accessed using an interface based on Windows Explorer. They can be searched by event or by till operator in order to analyse a certain area. For example, if there were concerns over the number of times 'no sale' was rung up then this could be established as an event that could later be explored to establish the root cause of the problem.

Ms Jones points out that where pharmacists must supervise methadone provision, the system can be used as evidence that the dose was prescribed. If a patient becomes aggressive, simply by pushing a button on the till screen or the prescription reception point the cameras can be turned on manually to act as a very obvious deterrent. "Violence in the pharmacy is an increasing issue. Supervision and security around controlled drugs are important," says Ms Jones.

The software costs between £500 and £600 depending on the camera configuration. Two pilot sites are using the system – MCRX in Wood Green, London, and Bear Street Pharmacy in Barnstaple, Devon.



various members of the pharmacy staff

Denward, an NPA-recognised supplier, provides CD cabinets that can be fitted with an alarm to indicate that they have been left open. In addition, this can be linked into the main burglar alarm system for added security.

Cabinets can also protect high value pharmaceuticals and beauty products without compromising the merchandising potential. Provider of cash and retail security solutions, Blue Box supplies Alpha's 'keeper' cabinets for brands such as Oil of Olay, Nivea, RoC and St Tropez.

Products

Smoke Screen

Despite investing in the more 'conventional' methods of security, such as CCTV, access control systems and grills, burglaries remain a thorn in the side for retailers. Boots has opted for a dramatic yet effective solution in more than 200 stores in the shape of Smoke Screen. The series of images here shows how the system thwarted real thieves during a raid. Multiple Smoke Screen generators are located immediately above the protected area. Sensors surrounding the perfume counter act as a safety 'hold-off' and allowing authorised personnel to enter and leave the store without activating the smoke. Boots property manager Mike Green says burglary losses have dropped by 70 per cent as a result.



Beauty creams are one of the leading shrinkage items in major high street pharmacies and supermarkets across the country and Joanne Lee, Alpha business development manager at Blue Rock Security, teamed up with Alpha's product development team to create a secure solution. The resulting keepers have already been used at one of the UK's leading high street chemists and are being trialled by a major supermarket chain.

Vending machines can also be used to provide secure access to small but high value items. Retail security specialist Cash Bases distributes the Vensafe product range in the UK. Vensafe involves customers choosing a barcode slip, which is validated at the till and then fed into a vending machine for dispensation of the product.

In Norway it is used for the sale of more than 40 different non-prescription medicines, which is the largest product group after cigarettes. Vensafe also provides a cool cabinet for pharmaceutical products that need to be chilled.

TAGGING

For the smaller, independent community pharmacy, tagging, otherwise known as electronic article surveillance, is an expensive option. However, as Dennis Judd of ADT explains, it can often justify the cost through the fact that "goods can't leave the store without an alarm going off".

Tagging can take the form of the pin and clutch pin system familiar to clothes outlets or a printed label containing an electronic chip that can be stuck to products such as razor blades.

EAS can be set up to work in conjunction with CCTV systems so that unusual transactions are immediately recorded. This could form an evidential audit trail at a later date if there is a crime being committed.

"Customers are surprised at the level of shrinkage, either by employees or through customer theft," says Mr Judd. "Electronic article surveillance can really point things out."

WW Solutions provides wireless RF tags from AeroScout that can be put onto high value goods to track their location on a PC. If the item moves out of a designated range then an alarm will go off.

The company can also track stock and goods of a lower value with a tag that incorporates radio frequency identification (RFID) technology from its recommended supplier Paxar. RFID is predicted to be a booming area as it enables a vast amount of stock information to be contained in the transmitting tag. However, concerns over data security have hindered widespread adoption.

As well as RFID, EAS faces being eclipsed by developments such as source tagging and smart EAS but there is still a long way to go before these become mainstream, argues ADT's Judd.

TRAINING

Despite all the technology available in the security market, ask any pharmacist what their most effective weapon against crime is and they are likely to tell you it's their staff. A well-trained, vigilant workforce who understand and enforce your security policies can make all the difference.

As such, employers have a duty of care to ensure that staff are secure at work. That duty extends to providing the necessary training on personal safety and crime awareness. The NPA has a freephone

helpline to provide HR support for employers in this area.

United Co-op staff are trained on personal safety measures, such as how to act in the event of an armed robbery. They are also given best practice advice for personal security when opening and closing branches during trading as well as out of hours. Lapses or breaches are followed up with coaching sessions, with the findings reported to the area managers.

Pharmacists who do not have the ability to draw on a wider group resource can outsource security training. Upskill People, for example, provides affordable off-the-shelf and bespoke e-learning courses for retailers including Co-op. The firm aims to engage staff in short bursts of relevant and effective learning so that they are back on the shop floor as quickly as possible.

Students learn what constitutes retail theft, who steals, how they steal and why they steal. By engaging in role play exercises, they learn which areas of the workplace are most at risk of theft, how to deter thieves and how to deal with theft if it does happen.

SHOP DESIGN

If, like many pharmacists in England and Wales, you are in the process of refitting to comply with the new contract, then security should be factored into the process. Lloydspharmacy places importance on building in physical security measures at the planning and development stage.

The company's loss prevention managers carry out a security risk assessment on all acquisitions, rebrands or refits in advance of work commencing. Recommendations for CCTV, alarm specification, shutters etc are planned at this stage. "This means we have the most cost effective protection, which reduces the likelihood of attacks against our property," says security manager Phil Payne.

Steve McIntosh at United Co-operative concurs: "We also endeavour to ensure that the design of our serving counters and dispensaries provides both a certain degree of physical security between staff and a potential violent offender, yet still provides a comfortable environment for patient care and consultation."

Equipment supplier Chubb says it is crucial that the design should take into account the raft of recent legislation and regulation to ensure that you, your company and your system are fully compliant and that your insurance cover is not compromised. Designs must take into account not only what might be stolen and who might steal it, but also the location and nature of the premises.

While planning investment in equipment for a refit, remember that could also be targeted by thieves. Retainagroup claims that equipment should be clearly marked with a security code and registered on an approved database as a deterrent.

Mirrors can be employed in premises with hiding places and visual obstacles to provide a clear deterrent to would-be thieves. Supplier Denward says both glass and plastic mirrors have their pros and cons. Glass mirrors, often the cheaper option, have the best image from a circular convex design but can shatter and are heavy. Plastic mirrors are light and more difficult to break although prone to scratching. In addition, they can be made in shapes ranging from hemispheres to sections of cylinders.

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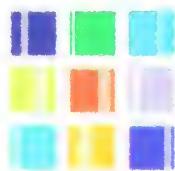
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Taking a duck to Mongolia in 10,000-mile fundraising trek

Neil Harris and his trusty 2CV are off to Ulaan Baatar to raise funds



Neil with Marvin IV, companions on the 10,000 mile Mongol Rally which leaves London later this month

It's not quite the hordes of Genghis Khan, but it's probably just as awesome. Later this month a posse of adventurers will set off in clapped out bangers trekking a quarter of the way round the world. The reason? To drive 10,000 miles to the Mongolian capital Ulaan Baatar and raise funds for charity.

Not deterred by only reaching Kazakhstan last year, pharmacist Neil Harris will be rallying forth again with Jan Williams in a red Citroen 2CV they have named Marvin. This is actually Marvin IV, previous Marvins just not having the staying power. It was bought for a snip at £106, but it's not clear whether it has a paranoid nature like its android namesake.

Why a 2CV? Because the rally rules state: "You can only use a car with an engine of less than one litre, that is generally considered to be crap." En route the rally crosses 13 countries, two deserts and five mountain ranges on roads "ranging from bad to non-existent" in cars "that most people

consider underpowered for doing the shopping".

As Neil points out: "We have no entourage of support vehicles, there is no carefully marked course, there are no professional drivers, fast cars or even good cars."

Rally rule number three puts it slightly differently: "You are entirely responsible for yourself. When you sign up you will have to sign our disclaimers and terms of entry so you can't sue us when you die." No ambiguities there, then.

Neil and Jan are hoping to raise a minimum of £1,000 for two charities. The first, Send a Cow, helps African farmers become more self-sufficient by providing livestock and agricultural expertise. The other charity to benefit is The Christina Nobel Children's Foundation, which helps children in need of emergency and long-term medical care.

Neil and Jan will be setting off on July 22 with 200 other teams. For more information see www.squiresonsafari.co.uk or to contact Neil, email him at marvin@squiresonsafari.co.uk.

Dance therapy has unexpected benefits

A new form of therapy for children from hell could have been found by a research team in Sweden. The study, at Karlstad University and the University College of Dance in Stockholm, has found that hyperactive and unruly boys with ADHD and depressed and self-destructive teenage girls can be helped by dancing.

Parents and teachers reported that boys with ADHD calmed down and could play with their

classmates without fighting after dancing. And teenage girls rediscovered their joie de vivre and raised their self-esteem after flamenco.

Although the results for both groups were good, because only six boys and 11 girls took part in the research, Barbro Renck, assistant professor at Karlstad University, suggested that more studies were needed before parents started clamouring for their children to be auditioned for 'Billy Elliot'.



Trainers on for kidney research

Community Pharmacy Wales is urging pharmacists in England and Wales to get involved in a fundraising bid for the Kidney Wales Foundation. The Foundation, which supports research into kidney disease and improving patient services, is holding a fundraising day on October 15. For the more active participants, there is the chance to raise funds by joining the pharmacy team running in the Cardiff marathon/half marathon, and afterwards a gala dinner. For more information email shelley@kidneywales.com or phone 02920 343940.

Winners with C+D



The winner of the Counterpart monthly draw for April is Kay Bryant, from the National Co-op chemist in Barwell, Leicester. Kay joined NCC in October 2005 and combines work with rock climbing, swimming and bringing up 12 year old twins.



An Oxford pharmacist has won a competition run within the 2006 Guide to Musculo-skeletal Pain featured in C+D on February 25. Mini Allen, of the Boswells of Oxford pharmacy, won a coffee machine in the Ibuleve quiz. She is pictured with Mike Chan, sales representative for Dendron.

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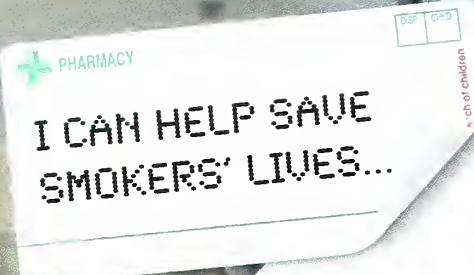
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